

[Sender Name/Policy Owner]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email]

[Date]

[Insurance Company/Financial Institution Name]
[Department Name]
[Address Line 1]
[Address Line 2]

RE: Notice of Irrevocable Beneficiary Designation
Policy/Account Number: [Number]

To Whom It May Concern,

I, [Your Name], as the owner of the above-referenced policy/account, am writing to formally request an update to the beneficiary designation. I wish to designate the following individual(s) as an **Irrevocable Beneficiary**:

Full Name: [Beneficiary Name]
Relationship: [Relationship to Owner]
Date of Birth: [DOB]
Social Security Number/Tax ID: [SSN/TIN]
Address: [Beneficiary Address]

I understand that by designating this individual as an irrevocable beneficiary, I am surrendering my right to change the beneficiary, surrender the policy, or obtain a loan against the policy without the written consent of the named irrevocable beneficiary.

Please update your records accordingly and provide written confirmation once this change has been processed. I have enclosed the required [Form Name/ID, if applicable] as per your requirements.

Sincerely,

[Signature]

[Printed Name of Policy Owner]

CONSENT OF IRREVOCABLE BENEFICIARY (If applicable)

I, [Beneficiary Name], hereby accept the designation as an irrevocable beneficiary for the policy/account mentioned above.

[Beneficiary Signature] _____ Date: [Date]

NOTARY ACKNOWLEDGMENT

State of [State], County of [County]

On this [Day] of [Month], [Year], before me personally appeared [Owner Name], known to me to be the person whose name is subscribed to the foregoing instrument.

[Notary Signature] _____ (Seal)