

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Confirmation of Revocable Beneficiary Change**

Policy/Account Number: [Number]

Dear [Policyholder Name],

This letter is to formally confirm that we have received and processed your request to change the beneficiary designations for the above-referenced account.

As requested, the following individuals/entities have been recorded as your **revocable** beneficiaries:

**Primary Beneficiaries:**

- [Name], [Relationship], [Percentage]%
- [Name], [Relationship], [Percentage]%

**Contingent Beneficiaries:**

- [Name], [Relationship], [Percentage]%

Please note that because these designations are "revocable," you maintain the right to change or revoke these beneficiaries at any time in the future without their consent, provided you follow the standard amendment procedures.

We recommend that you keep a copy of this confirmation with your important legal and financial documents. It is also advisable to review your beneficiary designations periodically to ensure they still align with your current intentions.

If you notice any errors in the information listed above or have additional questions, please contact our customer service department at [Phone Number].

Sincerely,

[Name of Representative]

[Title]

[Company Name]