

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Beneficiary Change Request for Policy Number: [Policy Number]

To Whom It May Concern,

This letter serves as a formal request to update the beneficiary designation for the Key Person Life Insurance policy mentioned above, held by [Company Name].

Insured Individual: [Name of Key Person]
Policy Number: [Policy Number]

Please update your records to reflect the following beneficiary designation:

Primary Beneficiary:

Legal Name: [New Beneficiary Name/Company Name]
Tax ID / EIN: [Tax ID Number]
Relationship to Insured: [Employer/Business Partner/etc.]
Address: [Address of Beneficiary]

Contingent Beneficiary (Optional):

Legal Name: [Contingent Beneficiary Name]
Tax ID / EIN: [Tax ID Number]
Relationship to Insured: [Relationship]
Address: [Address]

Please provide written confirmation once this update has been processed. If there are specific internal forms required to finalize this change, please send them to [Email Address] or the mailing address listed below.

Thank you for your assistance.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Company Name]
[Phone Number]