[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Company/Financial Institution Name]
[Department Name, e.g., Benefits Department]
[Company Address]
[City, State, Zip Code]

RE: Request to Update Primary Beneficiary for Account/Policy Number: [Your Account Number]

To Whom It May Concern,

I am writing to formally request an update to the primary beneficiary designation for my [type of account, e.g., Life Insurance Policy, 401(k), Savings Account] referenced above.

Please remove any existing primary beneficiaries and designate the following individual as my new primary beneficiary:

- **Full Name:** [Beneficiary's Full Name]
- **Relationship:** [Relationship to You]
- **Date of Birth:** [Beneficiary's Date of Birth]
- **Social Security Number:** [Beneficiary's SSN]
- **Address:** [Beneficiary's Current Address]
- **Phone Number:** [Beneficiary's Phone Number]
- **Benefit Percentage:** [Percentage, e.g., 100%]

Please let me know if there are specific forms I need to sign or if this change can be processed via this written request. I would appreciate written confirmation once this update has been completed and reflected in your records.

Thank you for your assistance in this matter. If you have any questions, please contact me at [Your Phone Number].

Sincerely,

[Signature]

[Your Printed Name]