[Company or Institution Name]
[Department Name]
[Street Address]
[City, State, Zip Code]

[Date]

[Beneficiary Name]
[New Street Address]
[City, State, Zip Code]

Subject: Confirmation of Address Change

Dear [Beneficiary Name],

This letter is to confirm that we have successfully updated the mailing address for your account, [Account Number/Reference Number], in our records.

As requested, your address has been changed from:

Former Address:
[Old Street Address]
[Old City, State, Zip Code]

New Address:
[New Street Address]
[New City, State, Zip Code]

All future correspondence, statements, and payments related to your benefits will be sent to this new address effective immediately.

If you did not request this change, or if there is an error in the information listed above, please contact our office immediately at [Phone Number] or via email at [Email Address].

Thank you for keeping your contact information up to date.

Sincerely,

[Sender Name]
[Title]
[Company Name]