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

[Date]

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

Subject: Update to Primary Beneficiary Designation

To Whom It May Concern,

I am writing to formally request an update to the primary beneficiary designation for my account/policy held with your institution.

Account/Policy Information:
Account/Policy Type: [e.g., 401(k), Life Insurance, Savings]
Account/Policy Number: [Insert Number]

Please remove all previously named primary beneficiaries and designate the following individual(s) as my primary beneficiary(ies):

New Primary Beneficiary Details:
Full Name: [Full Name of Beneficiary]
Relationship: [Relationship to You]
Social Security Number: [SSN of Beneficiary]
Date of Birth: [DOB of Beneficiary]
Address: [Beneficiary's Address]
Percentage Share: [e.g., 100%]

I understand that this request supersedes any previous primary beneficiary designations. Please update your records accordingly and provide me with written confirmation once this change has been processed.

If there are additional forms required to finalize this update, please send them to my address listed above or via email.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]