[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Financial Institution or Insurance Company Name]
[Department Name, e.g., Beneficiary Services]
[Company Address]

RE: Update to Contingent Beneficiary Designation
Account/Policy Number: [Your Account or Policy Number]

To Whom It May Concern,

I am writing to formally request an update to the contingent beneficiary designation for the above-referenced account/policy. I would like to designate the following individual(s) or entity as my contingent beneficiary. This person is to receive the proceeds only if the primary beneficiary is no longer living at the time of my death.

Contingent Beneficiary Information:

- Full Name: [Beneficiary Name]
- Relationship: [Relationship to You]
- Social Security Number (if applicable): [SSN]
- Date of Birth: [Date of Birth]
- Address: [Beneficiary Address]
- Percentage of Benefit: [Percentage, e.g., 100%]

Please update your records to reflect this change immediately. Please send a written confirmation or an updated summary of my beneficiary designations to the address listed at the top of this letter once this request has been processed.

If there are additional forms required to finalize this update, please provide them to me as soon as possible.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]