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

[Date]

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

RE: Update of Beneficiary Designation for Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request an update to the beneficiary designations for my life insurance policy mentioned above. Please remove all previous beneficiaries and replace them with the following individuals:

Primary Beneficiary:
Full Name: [Name]
Relationship: [Relationship]
Social Security Number: [SSN]
Date of Birth: [DOB]
Address: [Address]
Percentage: [Percentage]%

Contingent Beneficiary:
Full Name: [Name]
Relationship: [Relationship]
Social Security Number: [SSN]
Date of Birth: [DOB]
Address: [Address]
Percentage: [Percentage]%

Please process these changes immediately and provide a written confirmation or an updated policy endorsement for my records.

If there are specific forms required to finalize this change, please send them to me at the address listed above or via email.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]