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

[Date]

[Annuity Company Name]
[Beneficiary Department Address]
[City, State, Zip Code]

RE: Request to Update Beneficiary Designation
Policy/Contract Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request a change to the beneficiary designations for my annuity policy referenced above. Please update my records to reflect the following beneficiaries:

Primary Beneficiary(ies):

- Full Name: [Name]
  SSN: [SSN]
  Relationship: [Relationship]
  Percentage: [XX]%
- Full Name: [Name]
  SSN: [SSN]
  Relationship: [Relationship]
  Percentage: [XX]%

Contingent Beneficiary(ies):

- Full Name: [Name]
  SSN: [SSN]
  Relationship: [Relationship]
  Percentage: [XX]%

This request supersedes all previous beneficiary designations for this policy. If you require specific company forms to complete this process, please mail them to my address on file or email them to me at [Your Email].

Please provide written confirmation once these changes have been recorded in your system.

Sincerely,

[Your Signature]

[Your Printed Name]