[Parent/Guardian Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Company Name/Financial Institution]
[Department Name, e.g., Benefits or Claims]
[Street Address]
[City, State, Zip Code]

RE: Beneficiary Designation Update for Account/Policy Number: [Account Number]

To Whom It May Concern,

I am writing to update the beneficiary designation for my [Life Insurance Policy/Retirement Account/Bank Account].

I wish to designate the following minor child as a beneficiary:

Full Name: [Child's Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number: [Child's SSN]
Relationship: [e.g., Daughter/Son]
Percentage of Benefit: [Percentage, e.g., 100%]

Because the beneficiary is currently a minor, I am also designating a Custodian under the Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA) to manage these funds until the child reaches the legal age of majority:

Custodian Name: [Full Name of Custodian]
Custodian Address: [Custodian's Address]
Custodian Phone: [Custodian's Phone Number]

Please update your records to reflect this change. I request a written confirmation or an updated beneficiary summary for my files. If there are specific forms required to finalize this designation, please send them to my address listed above.

Thank you for your assistance.

Sincerely,

[Signature]

[Printed Name]