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

[Date]

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

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

To Whom It May Concern,

Please use this letter as formal authorization to update the beneficiary designation for the above-referenced account. I wish to designate the following charitable organization as a beneficiary:

Legal Name of Organization: [Legal Name of Charity]
Tax ID Number (EIN): [Charity's Tax ID]
Address: [Charity's Full Address]
Percentage of Distribution: [Percentage, e.g., 100% or 50%]
Beneficiary Type: [Primary or Contingent]

This designation supersedes any previous beneficiary instructions I have provided for this account.

Please send a written confirmation to my address on file once this update has been processed. If there are specific forms required by your institution to finalize this change, please provide them to me at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]