[Your Name]
[Your Employee ID]
[Your Address]
[City, State, Zip Code]
[Date]

[HR Department / Benefits Administrator Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Update to Beneficiary Designations - Qualifying Life Event

Dear Benefits Team,

I am writing to formally update my beneficiary designations for my company-sponsored benefits, including life insurance and retirement accounts. This request is being made due to a Qualifying Life Event.

Qualifying Life Event: [Marriage / Divorce / Birth of Child / Adoption / Death of Beneficiary]
Date of Event: [Date]

Please find the updated beneficiary details below:

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

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

I have attached the required supporting documentation regarding this life event. Please let me know if there are additional forms to sign or if you need further information to process this update.

Sincerely,

[Signature]

[Your Printed Name]