

[Company Name]  
[Department Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Street Address]  
[City, State, Zip Code]

**Subject: Acknowledgment of Beneficiary Designation Update**

Dear [Policyholder Name],

This letter is to formally confirm that we have received and processed your request to change the beneficiary designation for your life insurance policy.

**Policy Details:**

Policy Number: [Policy Number]  
Effective Date of Change: [Date]

Our records have been updated to reflect the following beneficiary information:

**Primary Beneficiary(ies):**

[Name(s) and Relationship(s)]

**Contingent Beneficiary(ies):**

[Name(s) and Relationship(s)]

Please review the information above to ensure it is accurate. We recommend that you keep a copy of this acknowledgment with your original policy documents for your records.

If you have any questions or if any of the information listed above is incorrect, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name/Signature]  
[Job Title]  
[Company Name]