

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

[Date]

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

Re: Notice of Marital Status Change and Beneficiary Update
Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally notify [Insurance Company Name] of a change in my marital status. As of [Date of Marriage or Divorce], my status has changed to [Married / Divorced / Widowed].

In conjunction with this change, I would like to update the beneficiary designations for the above-referenced life insurance policy. Please remove all previous beneficiary designations and record the following individuals as my new beneficiaries:

Primary Beneficiary:

Name: [Full Name]
Relationship: [e.g., Spouse]
SSN: [Social Security Number]
Date of Birth: [DOB]
Address: [Address]

Contingent Beneficiary:

Name: [Full Name]
Relationship: [e.g., Child/Sibling]
SSN: [Social Security Number]
Date of Birth: [DOB]
Address: [Address]

I have enclosed a copy of my [Marriage Certificate / Divorce Decree] as supporting documentation for this change. Please update my records accordingly and provide written confirmation once these changes have been processed.

If there are additional forms required to finalize this request, please send them to my address listed above or via email.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]