

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Beneficiary Update Due to Death of Spouse

Policy Number: [Policy Number]

Policyholder Name: [Your Full Name]

To Whom It May Concern,

I am writing to formally notify you of the passing of my spouse, [Spouse's Full Name], who is currently listed as the primary beneficiary on the above-referenced policy. [He/She] passed away on [Date of Death].

Please find enclosed a certified copy of the death certificate for your records. Due to this change in circumstances, I would like to update the beneficiary designations for my policy as follows:

Primary Beneficiary:

Name: [New Beneficiary Name]

Relationship: [Relationship]

Social Security Number: [SSN]

Date of Birth: [DOB]

Address: [Address]

Contingent Beneficiary:

Name: [Contingent Beneficiary Name]

Relationship: [Relationship]

Social Security Number: [SSN]

Date of Birth: [DOB]

Address: [Address]

Please update my file and send a written confirmation once these changes have been processed. If there are additional forms required to finalize this adjustment, please mail them to me at the address listed above or provide them via email.

Thank you for your assistance during this time.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Certified Death Certificate