

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

[Date]

[Insurance Company Name]  
[Department Name, e.g., Policy Administration]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Beneficiary Endorsement Request for Policy Number: [Policy Number]**

To Whom It May Concern,

I am writing to formally request a change or addition to the beneficiary designation for my life insurance policy mentioned above.

Please update my records to include the following beneficiary(ies):

**Primary Beneficiary:**

Full Name: [Full Name]  
Relationship: [Relationship to Policyholder]  
Social Security Number: [SSN]  
Date of Birth: [DOB]  
Address: [Address]  
Percentage: [Percentage amount, e.g., 100%]

**Contingent Beneficiary (if applicable):**

Full Name: [Full Name]  
Relationship: [Relationship to Policyholder]  
Social Security Number: [SSN]  
Date of Birth: [DOB]  
Address: [Address]  
Percentage: [Percentage amount]

This request supersedes any previous beneficiary designations on file for this policy. Please process this endorsement and provide written confirmation once the update has been completed.

If there are additional forms required or if further information is needed, please contact me at your earliest convenience.

Sincerely,

[Your Signature]

[Your Printed Name]