[Date]

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

RE: Update of Corporate Beneficiary Information

Policy Number: [Insert Policy Number]
Insured Name: [Insert Name of Key Person]

To Whom It May Concern,

Please accept this formal request to update the corporate beneficiary information for the above-referenced life insurance policy. We request that the beneficiary be recorded as follows:

Legal Entity Name: [Insert Full Legal Business Name]
Tax ID / EIN: [Insert Employer Identification Number]
Corporate Address: [Insert Business Address]
Relationship to Insured: Employer / Key Person Beneficiary

This update is being made due to [Reason for update, e.g., corporate name change, restructuring, or initial designation].

Please find the enclosed [List any attachments, e.g., Corporate Resolution or Change of Beneficiary Form] as required to process this change. Kindly provide written confirmation once this update has been completed in your records.

Should you require further information, please contact [Name of Contact Person] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Authorized Officer]
[Title/Position]
[Company Name]