

**Date:** [Date]

**To:** [Insurance Company Name]

**Address:** [Insurance Company Address]

**City, State, Zip:** [City, State, Zip Code]

**Re: Life Insurance Policy Beneficiary Preservation Notice**

**Policy Number:** [Policy Number]

**Insured Name:** [Full Name of Insured]

**Insured Date of Birth:** [Date of Birth]

To Whom It May Concern,

I am writing to formally notify [Insurance Company Name] of my interest as a designated beneficiary regarding the above-referenced life insurance policy.

The purpose of this letter is to request the preservation of my status as a beneficiary and to ensure that no changes are made to the beneficiary designations or the policy ownership without prior written notice to me. Please note the following instructions:

- **Verification:** Please provide written confirmation of the current beneficiary designations on file.
- **Notification:** I request to be notified immediately of any attempts to change the beneficiary, borrow against the policy, or surrender the policy for cash value.
- **Records:** Please place a copy of this preservation notice in the permanent file for the aforementioned policy.

If there are specific forms or additional documentation required by your institution to process this preservation request, please forward them to my address listed below.

Thank you for your prompt attention to this matter. Please acknowledge receipt of this letter in writing.

Sincerely,

[Your Signature]

**[Your Printed Name]**

**Address:** [Your Address]

**Phone Number:** [Your Phone Number]

**Email:** [Your Email Address]