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

[Date]

[Name of Plan Administrator/Insurance Company]
[Department Name]
[Address]
[City, State, Zip Code]

RE: Letter of Instruction Regarding Surviving Spouse Benefit Designations
Account/Policy Number: [Your Account Number]

To Whom It May Concern,

I am writing to formally provide instructions regarding the surviving spouse benefit designations for the aforementioned account/policy. I wish to ensure that my records are current and that my spouse is properly designated to receive all applicable benefits in the event of my passing.

Please update your records to reflect the following primary beneficiary for the surviving spouse benefit:

Spouse's Full Name: [Spouse's Legal Name]
Social Security Number: [Spouse's SSN]
Date of Birth: [Spouse's Date of Birth]
Relationship: Spouse
Address: [Spouse's Address, if different from yours]

I request that you apply this designation to all available survivor options, including but not limited to [Joint and Survivor Annuities / Death Benefits / Pension Spousal Rights].

Please provide written confirmation once this designation has been updated in your system. If there are additional forms required to finalize this request, please mail them to my address listed above or provide a digital copy via email.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]