

(Date of Letter)

(Insurance Company Name)

(Policy Change Department)

(Street Address)

(City, State and Zip Code)

RE: (Policy Number)
(Life Insurance)
(Name of Insured)
(Beneficiary Change)

Dear Policy Change Administrator:

Due to certain changing circumstances, it has been decided that the policy beneficiary(s) on the above-referenced policy will need to be changed. Presently the policy provides for the following individual(s) as beneficiary(s):

(list beneficiary(s)).

As of the day of (month/year), it is desirous that the beneficiary(s) be changed from the aforementioned listed individual(s) to the following:

(name(s) of new beneficiary(s)).

Should there be any internal documents for your office purposes, which need to be completed in order to effectuate this change, kindly provide those documents to the undersigned forthwith. Upon receipt of the documents, same will be signed directly and returned to your office. Should there be any questions relative to the foregoing, please contact the undersigned immediately.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)