

\_\_\_\_\_  
To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

I would like to change the beneficiary on my policy with your company, number \_\_\_\_\_  
\_\_\_\_\_. The policy is dated \_\_\_\_\_, payable  
in the amount of \_\_\_\_\_.

The new beneficiary on this policy is \_\_\_\_\_. Please remove all  
reference to \_\_\_\_\_. **{He/she}** should no longer have any claim to  
this policy.

If there are forms I need to fill out to make this official, please send them to me as soon as  
possible.

\_\_\_\_\_  
Insured Printed Name

\_\_\_\_\_  
Insured Signature

Notary Seal: