

Marine Policy Beneficiary Amendment Letter

Date: _____
To: _____
Insurance Company Name: _____
Policy Number: _____

Subject:

Amendment of Beneficiary under Marine Policy

Dear Sir/Madam,

I/We, the undersigned, request the amendment of the beneficiary(ies) named under the above-mentioned Marine Insurance Policy as follows:

Current Beneficiary(ies):

New Beneficiary(ies):

Effective Date of Change:

Please process this amendment at the earliest and provide us with the updated confirmation or endorsement as per your records.

Thank you for your prompt attention.

Authorized Signatory

Name: _____
Designation: _____
Company Stamp/Seal