

# 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):**

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**New Beneficiary(ies):**

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**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**

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Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**Company Stamp/Seal**

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