

To,
The Manager,
[Insurance Provider Name]
[Branch/Address Line 1]
[City, State, ZIP]

Date: _____

Subject: Member Nominee Change Intimation for Group Insurance Policy

Dear Sir/Madam,

I, _____ (Policy Member Name), a member of your Group Insurance Policy (Policy No: _____), would like to intimate a change of nominee for my policy with immediate effect. My updated details are as follows:

Member Name	
Membership/Employee ID	
Policy Number	
Current Nominee Name	
Current Nominee Relationship	
New Nominee Name	
New Nominee Relationship	
New Nominee Date of Birth	
New Nominee Address	

I kindly request you to update your records as per the above details and acknowledge receipt of this request.

Thank you for your prompt attention.

Sincerely,

(Member Signature)

Contact Number: _____