

# Notification of Beneficiary Passing

Date:

To Whom It May Concern,

We regret to inform you of the passing of the beneficiary named below:

Full Name of Beneficiary:	<input type="text"/>
Date of Birth:	<input type="text"/>
Date of Passing:	<input type="text"/>
Policy/Account Number:	<input type="text"/>

Kindly update your records accordingly, and let us know of any further required actions concerning the account or benefits.

Please feel free to contact us for any additional information or documentation.

Sincerely,

Name:

Relationship to Beneficiary:

Contact Number:

Email Address: