

Template Instructions to Insurance Company

Your Name _____

Your Address _____

Your City, State, Zip _____

Your Phone Number _____

Insurance Co. Name _____

Address _____

City, State, Zip _____

Re: Policy # _____(your policy number)

Insured: Your Name _____

To Whom It May Concern,

I am writing to instruct you to make the following beneficiary change(s) to the above policy. I am now directing _____% of my insurance policy – **OR** – the set amount of \$_____ be paid to the **Museum of Truckee History Restricted Endowment Fund.**

Truckee History-Railroad Museum
DBA: Museum of Truckee History
a 501 (c) (3) Non-profit Corporation EIN 81-3339581
10115 Donner Pass Road
Truckee, CA 96161

Please contact me (Policy Holder) at the address or phone number at the top of this form if you have any questions or need additional information. Please send me a confirmation letter and, if necessary, any form required to make this change.

Thank you for your assistance,

Your Signature: _____

Your name printed: _____

Date: _____

Second Policy Owner's Signature (if applicable) _____

Second Policy Owner's Name printed _____