[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Important Notice Regarding Your Life Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you of an upcoming change regarding your life insurance coverage. Effective [Effective Date], your life insurance policy will be migrated from [Current Carrier Name] to [New Carrier Name].

This transition is part of our commitment to providing enhanced service and improved digital tools for our policyholders. Please be assured that this migration will not result in any changes to your core policy benefits, coverage amounts, or premium rates.

What you need to know:

- **Coverage Continuity:** Your existing coverage remains in full force. There is no lapse in protection during this transition.
- **Premium Payments:** If you pay via automatic bank draft, your payment instructions will transfer automatically. If you pay by check, please direct future payments to [New Carrier Address] starting [Date].
- **Policy Documentation:** You will receive a formal Assumption Certificate or a new policy jacket from [New Carrier Name] shortly after the transition date.
- **Customer Service:** Starting [Effective Date], all inquiries should be directed to the [New Carrier Name] service team at [Phone Number] or via their website at [Website URL].

We value your trust and are dedicated to making this transition as seamless as possible. No action is required from you at this time to maintain your coverage.

If you have any questions regarding this migration, please contact our transition support desk at [Support Phone Number] or email us at [Support Email].

Sincerely,

[Sender Name/Authorized Signatory]
[Title]
[Current Company Name]