Date: [Insert Date]

To: [Compliance Department / Licensing Board]
From: [Training Provider Name / Company Name]
Subject: Certificate of Completion - Anti-Money Laundering (AML) Training

Dear [Name of Contact],

This letter serves as official notification that the individual named below has successfully completed the required Anti-Money Laundering (AML) training for Life Insurance professionals.

Participant Details:

- **Full Name:** [Participant Name]
- **License Number:** [License Number]
- **Completion Date:** [Date]
- **Course Title:** [Course Name, e.g., AML for the Insurance Industry]

The curriculum covered essential topics including the Bank Secrecy Act (BSA), identification of suspicious activities (Red Flags), FinCEN reporting requirements, and Office of Foreign Assets Control (OFAC) compliance.

This training satisfies the annual AML compliance requirements as mandated by federal regulations and company policy.

Please update the participant's records accordingly. If you require further documentation or have any questions, please contact [Contact Person] at [Phone Number/Email].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]