[Date]

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

Subject: Final Confirmation of Life Insurance Policy Replacement

Dear [Policyholder Name],

This letter serves as final confirmation that you have chosen to replace your existing life insurance coverage with a new policy issued by [New Insurance Company Name].

New Policy Details:

- New Policy Number: [New Policy Number]
- Effective Date: [Date]
- Death Benefit Amount: $[Amount]

Replaced Policy Details:

- Existing Company: [Existing Company Name]
- Existing Policy Number: [Existing Policy Number]

By proceeding with this replacement, you acknowledge that you have reviewed the comparison between your existing and new coverage. You understand that this change may result in new contestability periods, different premium structures, or changes in cash value accumulation.

Please ensure that you do not cancel your existing coverage until you have received your new policy documents and are satisfied with the terms of the new agreement.

If you have any questions or wish to discuss this further, please contact me directly at [Phone Number].

Sincerely,

[Agent Name]
[Agency Name]
[License Number]