

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Reduction in Life Insurance Face Amount

Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter confirms that we have processed your request to reduce the face amount (death benefit) of your life insurance policy. We have updated our records to reflect the following changes:

- **Previous Face Amount:** \$[Amount]
- **New Face Amount:** \$[Amount]
- **Effective Date of Change:** [Date]
- **New Premium Amount:** \$[Amount] (Effective [Date])

Please note that this reduction may affect certain policy features, such as cash value accumulation or riders attached to your policy. We recommend that you keep this confirmation with your original policy documents.

If you have any questions regarding this change or your updated premium schedule, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]