[Company Name]
[Policy Administration Department]
[Company Address]
[City, State, Zip Code]

[Date]

[Policyholder Name]
[New Street Address]
[City, State, Zip Code]

Subject: Acknowledgment of Address Change - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as official acknowledgment and endorsement that we have updated our records regarding the life insurance policy referenced above. As per your request received on [Date Request Received], your mailing address has been changed.

Previous Address:
[Old Street Address], [Old City, State, Zip Code]

New Address:
[New Street Address], [New City, State, Zip Code]

All future correspondence, including premium notices, annual statements, and legal notifications, will be sent to this new address. Please keep this acknowledgment with your original policy documents as a permanent record of this endorsement.

If you did not request this change, or if the information above is incorrect, please contact our Customer Service Department immediately at [Phone Number] or [Email Address].

Thank you for choosing [Company Name] for your life insurance needs.

Sincerely,

[Sender Name/Signature]
[Title/Department]
[Company Name]