

**Date:** [Insert Date]

[Policyholder 1 Name]

[Policyholder 2 Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Assessment of Joint Life Insurance Policy - Policy Number: [Insert Policy Number]**

Dear [Policyholder 1 Name] and [Policyholder 2 Name],

This letter provides a formal assessment of your joint life insurance policy following our recent review. The purpose of this assessment is to ensure your coverage remains aligned with your shared financial goals and current circumstances.

**Policy Summary:**

- **Policy Type:** [e.g., Joint First-to-Die / Joint Second-to-Die]
- **Current Death Benefit:** [Insert Amount]
- **Policy Commencement Date:** [Insert Date]
- **Current Premium:** [Insert Amount] [Monthly/Annually]

**Assessment Findings:**

[Insert details regarding the adequacy of the coverage, any changes in premium rates, or updates to beneficiary designations.]

**Recommendations:**

[Insert recommendations, such as increasing coverage, converting the policy, or maintaining current status.]

Please review this assessment carefully. If there have been significant changes to your health, income, or debt obligations, we recommend a follow-up meeting to adjust your policy accordingly.

If you have any questions regarding this assessment, please contact us at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Name of Advisor/Agent]

[Title]

[Company Name]