Date: [Current Date]

Policyholder 1: [Full Name]
Policyholder 2: [Full Name]
Address: [Street Address, City, State, Zip Code]

Policy Number: [Policy Number]

Welcome to Your Joint Survivorship Life Insurance Policy

Dear [Policyholder 1] and [Policyholder 2],

Thank you for choosing [Insurance Company Name] for your estate planning needs. We are pleased to confirm that your Joint Survivorship Life Insurance policy is now active.

As a survivorship policy (also known as "second-to-die" insurance), this coverage is specifically designed to provide a benefit to your beneficiaries following the passing of the last surviving insured. This structure is often used to assist with estate taxes, provide for heirs, or support charitable legacies.

Policy Summary:

- **Insured Parties:** [Full Name 1] and [Full Name 2]
- **Face Amount:** $[Amount]
- **Effective Date:** [Date]
- **Premium Amount:** $[Amount]
- **Payment Frequency:** [Monthly/Quarterly/Annually]

Please review the enclosed policy document carefully. It contains important details regarding your coverage, premium schedules, and beneficiary designations. We recommend keeping this document in a safe place and informing your beneficiaries or estate executor of its location.

If you have any questions or need to make updates to your contact information or beneficiaries, please contact your agent at [Agent Phone Number] or visit our website at [Website URL].

We appreciate the opportunity to serve you both.

Sincerely,

[Sender Name]
[Sender Title]
[Insurance Company Name]