[Date]

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

Subject: Confirmation of Life Insurance Coverage Limit Decrease

Dear [Policyholder Name],

This letter is to confirm that we have processed your request to decrease the coverage limit on your life insurance policy, effective [Effective Date].

Policy Details:

- Policy Number: [Policy Number]
- Previous Coverage Amount: $[Amount]
- New Coverage Amount: $[Amount]
- New Premium Amount: $[Amount]
- Next Premium Due Date: [Date]

The changes are now reflected in our records. Please find the enclosed policy endorsement or updated schedule of benefits for your files. We recommend reviewing these documents carefully to ensure they align with your current financial goals.

Please note that reducing your coverage limit may affect your policy's cash value or future conversion options, if applicable. If you have any questions regarding this change or if you wish to discuss your coverage options further, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

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