

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Acknowledgment of Loss Payee Removal**

Dear [Policyholder Name],

This letter is to confirm that, per your recent request, we have removed the following entity as a Loss Payee from your insurance policy:

**Policy Number:** [Policy Number]

**Removed Entity:** [Name of Bank/Lender/Entity]

**Effective Date of Removal:** [Date]

As of the effective date listed above, the entity named above no longer holds a recorded financial interest in the property or asset covered under this policy. Any future claim payments related to this policy will now be issued directly to you, unless other lienholders are listed on your account.

Please review your updated Policy Declarations Page, which is enclosed with this letter, to ensure all information is correct.

If you have any questions or if this change was made in error, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Agent/Representative Name]

[Insurance Company Name]

Enclosure: Updated Policy Declarations Page