[Date]

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

Subject: Delivery of Term Life Insurance Policy - [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your life insurance needs. We are pleased to enclose your formal Term Life Insurance policy documents.

Policy Details:

- **Policy Number:** [Policy Number]
- **Coverage Amount:** $[Amount]
- **Policy Term:** [Number] Years
- **Expiration Date:** [Date]

Beneficiary Confirmation:

Please review the beneficiary designations currently on file to ensure they align with your wishes:

- **Primary Beneficiary:** [Name] - [Relationship] - [Percentage]%
- **Contingent Beneficiary:** [Name] - [Relationship] - [Percentage]%

Next Steps:

1. Review the policy contract thoroughly to understand your coverage and exclusions.
2. Store these documents in a safe and accessible location.
3. Inform your beneficiaries about the existence of this policy and where it is kept.
4. Complete and return the enclosed "Acknowledgement of Receipt" form if required.

If any information above is incorrect, or if you wish to make changes to your beneficiaries, please contact your agent or our customer service department at [Phone Number].

Sincerely,

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