[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

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

Dear [Client Name],

It is a pleasure to formally deliver your Premium Term Life Insurance policy documentation. Thank you for choosing [Insurance Company Name] to secure your financial legacy.

Enclosed you will find your original policy contract. We recommend reviewing the "Policy Schedule" page to confirm that the coverage amounts, premium schedules, and riders align with your financial objectives.

Beneficiary Confirmation

As requested, we have recorded the following individuals as the beneficiaries of this policy:

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

Please verify that the spelling and designations above are correct. If you wish to make any updates to your beneficiaries or contact information in the future, please notify us immediately to ensure your intentions are honored.

Next Steps

Please sign the enclosed "Acknowledgment of Receipt" form and return it to our office using the provided envelope. This completes the formal activation process of your coverage.

As a premium client, you have direct access to our priority support team. Should you have any questions regarding your coverage or require a comprehensive review of your portfolio, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Title]
[Insurance Company/Agency Name]