Date: [Insert Date]

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

Re: Delivery of Term Life Insurance Policy - Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

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

Please review your policy carefully to ensure all details are accurate. We would specifically like to confirm your designated beneficiaries as recorded in our system:

Beneficiary Name	Relationship	Benefit Percentage (%)
[Name 1]	[Relationship 1]	[Percentage 1]%
[Name 2]	[Relationship 2]	[Percentage 2]%
[Name 3]	[Relationship 3]	[Percentage 3]%

If the information above is correct, no further action is required regarding your beneficiary designations. If you wish to make any changes or notice any errors, please contact us immediately at [Phone Number] or [Email Address].

We recommend storing these documents in a safe place and informing your beneficiaries about the existence of this policy.

Sincerely,

[Agent/Representative Name]
[Insurance Company Name]
[Contact Information]