Date: [Insert Date]

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

Subject: Certified Delivery of Term Life Insurance Policy and Beneficiary Confirmation

Dear [Policyholder Name],

Congratulations on securing your financial future. Please find enclosed your official Term Life Insurance Policy documents for Policy Number: **[Insert Policy Number]**.

1. Policy Overview:

- **Carrier:** [Insert Insurance Company Name]
- **Coverage Amount:** $[Insert Amount]
- **Term Length:** [Insert Number] Years
- **Effective Date:** [Insert Date]
- **Expiration Date:** [Insert Date]

2. Beneficiary Confirmation:
As per your application, the following individuals are currently listed as your primary beneficiaries. Please verify this information for accuracy:

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

3. Action Required:

- Review the policy jacket and schedule of benefits carefully.
- Store these documents in a secure location.
- Inform your beneficiaries regarding the existence of this policy.
- Sign and return the enclosed "Delivery Receipt" (if applicable).

4. Right to Cancel (Free Look Period):
You have [Insert Number] days from the date of receipt to review this policy. If you are not satisfied for any reason, you may return the policy for a full refund of any premiums paid.

If you have any questions or need to update your beneficiary designations, please contact me directly at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Agent Name]
[Agency Name]
[License Number]