[Date]

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

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

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your family's protection. We are pleased to deliver your new Term Life Insurance policy documents.

Please review the enclosed policy carefully to ensure all personal details and coverage amounts are correct. This document is an important legal contract; we recommend keeping it in a secure location and informing your family members of its whereabouts.

Beneficiary Confirmation

As per your application, we have recorded the following beneficiaries for this policy:

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

It is important to review these designations periodically, especially after major life events such as marriage, birth, or divorce. You may update your beneficiaries at any time by contacting our office.

Next Steps:

- Sign and return the enclosed Delivery Receipt (if applicable).
- Review the premium payment schedule to ensure continuous coverage.
- Contact your agent at [Agent Phone Number] if you have any questions regarding your coverage.

We appreciate the opportunity to serve your family's insurance needs.

Sincerely,

[Agent Name/Company Representative]
[Company Name]
[Phone Number]