[Date]

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

RE: Delivery of Term Life Insurance Policy: [Policy Number]

Dear [Policy Owner Name],

Thank you for choosing [Insurance Company Name]. We are pleased to provide the enclosed original document for your Term Life Insurance policy.

Policy Details:

- Policy Number: [Policy Number]
- Insured Name: [Insured Name]
- Coverage Amount: $[Amount]
- Policy Effective Date: [Date]

Beneficiary Confirmation:

As per your application, we have recorded the following beneficiary designations:

Primary Beneficiary:
[Name of Primary Beneficiary], [Relationship]

Contingent Beneficiary (Minor):
[Name of Minor Beneficiary], [Relationship]
Date of Birth: [DOB of Minor]

Appointed Custodian/Guardian for Minor:
[Name of Custodian/Guardian]

Please review these designations carefully. Since a contingent beneficiary is a minor, the insurance proceeds would be paid to the appointed custodian or held in a specialized trust/account for the minor's benefit if the primary beneficiary is no longer living at the time of the claim.

Please store this policy in a secure location and inform your beneficiaries of its existence. If any corrections are needed or if you wish to update your beneficiary information, please contact us at [Phone Number] or [Email Address].

Sincerely,

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