[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]

[Date]

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

**Subject: Delivery of Term Life Insurance Policy #[Policy Number]**

Dear [Client Name],

Enclosed please find your new term life insurance policy issued by [Insurance Company Name]. I recommend reviewing the document carefully and storing it in a secure location.

As part of the final delivery process, please confirm that the following beneficiary information currently on file is correct:

- **Primary Beneficiary:** [Beneficiary Name]
- **Relationship:** [Relationship]
- **Benefit Percentage:** [Percentage]%

If there are additional contingent beneficiaries or if any updates are needed, please notify me immediately to ensure your coverage aligns with your current wishes.

Included with this letter is a delivery receipt. Please sign and return it to me using the provided envelope to officially activate the records for your file.

Thank you for trusting me with your life insurance needs. If you have any questions regarding your coverage or the claims process, please do not hesitate to contact me.

Sincerely,

[Agent Signature]

[Agent Printed Name]