[Date]

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

Re: Policy Number: [Policy Number]

Dear [Client Name],

Thank you for choosing [Insurance Company Name] for your life insurance needs. We are pleased to provide you with your permanent Whole Life Insurance policy document.

Please review your policy carefully to ensure that all personal information and coverage details are correct. This document contains important information regarding your death benefit, premium schedule, and the cash value accumulation features of your policy.

Action Required:

- Review the Policy Data page for accuracy.
- Sign the enclosed Policy Receipt form and return it in the provided envelope.
- Store this policy in a safe place and inform your beneficiaries of its location.

Your policy includes a "Free Look" period of [Number] days. If you are not satisfied with the policy for any reason, you may return it within this timeframe for a full refund of any premiums paid.

If you have any questions or would like to discuss your coverage further, please contact me directly at [Phone Number] or via email at [Email Address].

Sincerely,

[Agent Name]
[Title]
[Insurance Company/Agency Name]