Date: [Insert Date]

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

Re: Whole Life Insurance Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your life insurance needs. We are pleased to formally deliver your new Whole Life Insurance policy.

This policy provides you with permanent life insurance protection and the opportunity to build cash value over time. Please review the enclosed documents carefully to ensure that all personal information and coverage details are correct.

Next Steps:

- **Review Your Policy:** Please read the "Policy Schedule" and "Table of Guaranteed Values" pages.
- **Free Look Period:** You have [Number] days from today to review this policy. If you are not satisfied for any reason, you may return it for a full refund of any premiums paid.
- **Secure Storage:** Keep this document in a safe place and inform your beneficiaries of its location.

If you have any questions regarding your coverage, premium payments, or beneficiary designations, please contact your agent, [Agent Name], at [Agent Phone Number] or call our customer service department at [Customer Service Number].

We value your trust and look forward to serving you for many years to come.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]