[Date]

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

Subject: Delivery of Your Family Protection Whole Life Insurance Policy

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your family's financial security. We are pleased to provide you with your Family Protection Whole Life Insurance policy, number [Policy Number].

This policy is designed to provide permanent protection and peace of mind for you and your loved ones. Please review the enclosed documents carefully and keep them in a safe place. Key features of your policy include:

- Guaranteed death benefit protection for your entire lifetime.
- Fixed premium payments that will never increase.
- Cash value accumulation that grows over time.

Action Required: Please sign the enclosed Delivery Receipt and return it to our office in the provided envelope. This confirms that you have received and accepted the policy terms.

Your "Free Look" period begins today. You have [Number of Days] days to review this policy. If you are not completely satisfied, you may return it within this timeframe for a full refund of any premiums paid.

If you have any questions regarding your coverage or need to update your beneficiary information, please contact your agent, [Agent Name], at [Agent Phone Number] or call our customer service team at [Customer Service Number].

Sincerely,

[Signature]
[Name of Sender]
[Title/Department]
[Insurance Company Name]