[Date]

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

Subject: Delivery of Your Secure Future Whole Life Insurance Policy - Policy Number: [Policy Number]

Dear [Policyholder Name],

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

Please review the enclosed policy carefully. It contains important details regarding your guaranteed death benefit, cash value accumulation, and premium payment schedule. We recommend storing these documents in a safe place and informing your beneficiaries of their location.

Next Steps:

- Review the "Policy Schedule" page for accuracy.
- Sign and return the enclosed "Acknowledgement of Receipt" form in the provided envelope.
- Keep the "Owner's Copy" for your permanent records.

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

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

We appreciate the opportunity to help you secure your financial future.

Sincerely,

[Your Name/Signature]
[Title]
[Insurance Company Name]