[Date]

[Policyowner Name]
[Street Address]
[City, State, Zip Code]

Subject: Delivery of Whole Life Insurance Policy #[Policy Number]

Dear [Policyowner Name],

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

This policy provides permanent life insurance protection and includes a cash value component that grows over time. Please review the enclosed documents carefully to ensure all personal information and coverage details are correct.

Important Action Items:

- **Review the Policy:** Confirm that the death benefit, premium amount, and beneficiary designations meet your expectations.
- **Free Look Period:** You have a [Number of Days]-day "Free Look" period starting from the date you receive this policy. If you are not satisfied, you may return the policy for a full refund of any premiums paid.
- **Safe Keeping:** Keep these documents in a secure location and inform your beneficiaries of their existence.

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

We appreciate your trust in us and look forward to serving you for years to come.

Sincerely,

[Signature]
[Name of Representative]
[Title]
[Insurance Company Name]