

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Delivery of Life Insurance Policy - Action Required

Dear [Client Name],

Thank you for choosing [Insurance Company Name] for your life insurance needs. We are pleased to inform you that your policy, number [Policy Number], has been approved and issued.

Please find your official policy documents enclosed with this letter. We recommend that you review these documents carefully and keep them in a safe place.

Action Required: Missing Signature

Upon reviewing your file, we noticed that the [**Name of Document, e.g., Policy Delivery Receipt**] is missing your signature. This document is required to formally put your coverage into effect and to confirm your acceptance of the policy terms.

Please follow these steps:

- Review the enclosed document marked "Sign and Return."
- Sign and date where indicated by the "Sign Here" tabs.
- Return the signed page to our office using the enclosed pre-paid envelope by [Due Date].

If you have any questions regarding your coverage or the required paperwork, please contact your agent, [Agent Name], at [Agent Phone Number] or email us at [Email Address].

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Phone Number]