

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Term Life Insurance Policy Number: [Policy Number]

Dear [Client Name],

Congratulations on the approval of your term life insurance coverage. Enclosed you will find your original policy documents.

Please review your policy carefully to ensure all details are correct. Store this document in a safe place and inform your beneficiaries of its location.

Action Required: Missing Beneficiary Signature

Upon reviewing your file, we noticed that the beneficiary designation form is missing a required signature. To ensure your benefits are paid out according to your wishes, please follow these steps:

- Review the enclosed Beneficiary Designation Page marked with a "Sign Here" tab.
- Provide the missing signature(s) where indicated.
- Return the signed document in the provided self-addressed envelope by [Date].

Please note that your policy coverage is active; however, we must have this signed document on file to finalize your beneficiary records.

If you have any questions regarding your policy or the required signature, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]

[Agency Name]

Enclosures: Original Policy, Beneficiary Form, Return Envelope