Date: [Insert Date]

Policyowner Name: [Insert Name]
Policy Number: [Insert Policy Number]
Insured Name: [Insert Insured Name]
Coverage Amount: [Insert Amount]

Dear [Insert Policyowner Name],

Enclosed is your Term Life Insurance policy. We are pleased to confirm that this policy is **Paid-in-Full** for the current term, and your coverage is now in active force.

Please review the policy document carefully to ensure all personal information, beneficiary designations, and coverage details are correct. Store this document in a safe place and notify your beneficiaries of its location.

Policy Delivery Receipt

I, [Insert Policyowner Name], hereby acknowledge that I have received the original policy document for the above-referenced policy number.

I confirm that:

- The policy has been delivered to me.
- The initial premium has been paid in full.
- To the best of my knowledge, there has been no change in the health or insurability of the insured since the date of the application.

Policyowner Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____

Please sign one copy of this receipt and return it to the company for our records. Keep the second copy for your files.