

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Website Address]

[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Welcome to [Agency Name]

Dear [Client Name],

Thank you for choosing [Agency Name] to assist with your final expense planning. We are honored that you have trusted us to help protect your family's future and provide you with peace of mind.

Our agency specializes in final expense protection, ensuring that your loved ones are not burdened by funeral costs or outstanding medical bills. Our goal is to provide simple, affordable solutions tailored specifically to your needs.

What to expect next:

- **Policy Review:** You will receive your official policy documents in the mail shortly. Please keep them in a safe place.
- **Dedicated Support:** As your local agency, we are here to answer any questions regarding your coverage, beneficiaries, or premium payments.
- **Annual Check-ins:** We will contact you once a year to ensure your coverage still meets your goals.

Your primary point of contact will be [Agent Name], who can be reached directly at [Agent Phone Number] or [Agent Email].

We look forward to serving you for many years to come. Welcome to our agency family.

Sincerely,

[Agent Signature]
[Agent Name]
[Title]
[Agency Name]