

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Welcome to [Agency Name]. We are honored that you have chosen us to handle your Final Expense life insurance needs. Our goal is to provide you and your family with peace of mind knowing that your future expenses are covered.

Your policy details are as follows:

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Coverage Amount:** \$[Amount]
- **Beneficiary:** [Beneficiary Name]

Please keep your policy documents in a safe place and inform your beneficiary of where they are located. We have enclosed a summary of your benefits and our contact information for your records.

If you have any questions regarding your coverage, payments, or if you need to update your information, please call us at [Phone Number] or email us at [Email Address].

Thank you for trusting [Agency Name] with this important protection.

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]