

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

[Date]

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

Dear [Policyholder 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 protected.

Your Policy Details:

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

Please review your policy documents carefully and keep them in a safe place. We recommend informing your beneficiaries about this coverage so they know who to contact when the time comes.

As your dedicated agency, we are here to assist you with any questions, beneficiary updates, or changes to your contact information. You can reach our office Monday through Friday at [Phone Number].

Thank you for placing your trust in [Agency Name]. We look forward to serving you for many years to come.

Sincerely,

[Agent Name/Principal Name]
[Title]
[Agency Name]