

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Annual Renewal and Beneficiary Verification - Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your term life insurance needs. As your policy approaches its anniversary date on [Renewal Date], we are writing to confirm your upcoming renewal and ensure your records are up to date.

A critical part of maintaining your policy is ensuring that your beneficiary designations accurately reflect your current wishes. This ensures that, should the need arise, the policy benefits are distributed exactly as you intended without legal delays.

Your Current Beneficiary Information on File:

Primary Beneficiary: [Name] - [Relationship] - [Percentage]%

Contingent Beneficiary: [Name] - [Relationship] - [Percentage]%

Action Required:

- If the information above is correct, no further action is required.
- If you need to make changes (due to marriage, birth, divorce, or other life events), please complete the enclosed Beneficiary Change Form or log in to your account at [Website URL].

Please note that your new premium for the upcoming term will be [Amount], effective [Date].

If you have any questions regarding your coverage or the verification process, please contact our customer service team at [Phone Number] or [Email Address].

Sincerely,

[Name/Department]

[Insurance Company Name]