[Date]

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

Subject: Notice of Policy Renewal and Request for Beneficiary Update

Dear [Policyholder Name],

We are writing to inform you that your policy, number **[Policy Number]**, is scheduled for renewal on **[Renewal Date]**. We appreciate your continued trust in [Company Name].

To ensure your coverage remains active and up to date, please review the enclosed renewal documents. If you have chosen automatic renewal, no further action is required regarding your premium payment.

Action Required: Beneficiary Information Update

As part of the renewal process, we highly recommend that you review your current beneficiary designations. It is important to ensure that your benefits will be distributed according to your current wishes in the event of a claim.

Please confirm or update your beneficiary details by:

- Logging into your account at [Website URL].
- Completing and returning the attached Beneficiary Designation Form.
- Calling our customer service department at [Phone Number].

If there are no changes to your policy or beneficiaries, please keep this letter for your records.

Thank you for choosing [Company Name]. If you have any questions regarding your renewal or coverage options, please contact your agent or our support team.

Sincerely,

[Sender Name/Department]
[Company Name]