

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Acknowledgment of Beneficiary Status

Policy Number: [Policy Number]

Insured Name: [Deceased Name]

To Whom It May Concern,

I am writing to formally acknowledge my status as a designated beneficiary for the whole life insurance policy mentioned above, following the passing of [Deceased Name] on [Date of Death].

Please find enclosed the following documentation required to initiate the claim process:

- A certified copy of the death certificate.
- Completed claim forms (if already provided).
- A copy of my government-issued identification.

I request that you provide a formal confirmation of the total death benefit amount, including any accumulated dividends or cash value adjustments applicable to this whole life policy. Please also send any additional paperwork or instructions necessary to expedite the settlement.

I prefer to receive communication via [Email/Phone/Mail]. My contact details are listed below.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Social Security Number - if required]
[Your Mailing Address]
[Your Phone Number]
[Your Email Address]