

Acknowledgment of Insurance Beneficiary Funds

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I, [Your Name], am writing to formally acknowledge the receipt of the beneficiary funds from the policy of [Deceased's Name], policy number [Policy Number], as allotted to me as the named beneficiary.

Thank you for your assistance in processing this claim. I acknowledge that I have received the total amount of [Amount Received] on [Date Received].

If you require any further information or documentation, please do not hesitate to contact me at the above address or phone number.

Thank you once again for your support during this time.

Sincerely,

[Your Signature]

[Your Printed Name]