

Insurance Beneficiary Disbursement Confirmation

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, ZIP Code]

Dear [Beneficiary's Name],

We are writing to confirm the disbursement of the insurance benefits as per policy number [Insert Policy Number].

Amount Disbursed: \$[Insert Amount]

Date of Disbursement: [Insert Disbursement Date]

Transaction Reference Number: [Insert Transaction Number]

This disbursement has been made in accordance with the terms and conditions of the insurance policy. If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]