

# Funeral Insurance Policy Adjustment Notification

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you of adjustments to the terms of your funeral insurance policy, effective [Insert Effective Date].

## Policy Adjustments

- **Coverage Amount:** Your coverage amount has been updated from [Old Amount] to [New Amount].
- **Premium Rate:** The premium for your policy will change from [Old Premium] to [New Premium].
- **Beneficiary Designation:** Please review your beneficiary information to ensure it is current and accurate.

If you have any questions or require further clarification, please do not hesitate to contact us at [Insert Contact Information]. Our team is here to assist you.

Thank you for choosing [Insurance Company Name]. We appreciate your trust in us to provide peace of mind.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]