

# Life Insurance Maturity Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Maturity Claim Submission for Policy No. [Policy Number]

Dear [Claims Manager's Name],

I hope this message finds you well. I am writing to formally submit a maturity claim for my life insurance policy number [Policy Number], which has matured on [Maturity Date].

Attached are the required documents for processing my claim:

- Original policy document
- Claim form duly filled
- Proof of identity (copy of ID)
- Any other supporting documents as required

Please let me know if any further information is needed to expedite the claim process. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]