

Letter of Agreement for Beneficiary Access to Policy Documents

Date: [Insert Date]

To: [Beneficiary's Name]

[Beneficiary's Address]

Dear [Beneficiary's Name],

This letter serves as an agreement between [Your Name or Company Name], the policyholder, and [Beneficiary's Name], the designated beneficiary, regarding access to the policy documents related to [Policy Number or Description].

As the policyholder, I hereby grant you, [Beneficiary's Name], access to the following policy documents:

- Policy Document - [Policy Name]
- Beneficiary Designation Form
- Recent Statements

The purpose of this access is to ensure that you are informed about the coverage and benefits associated with the policy as per the terms agreed upon.

By signing below, you acknowledge your acceptance of this agreement and your understanding of your rights and responsibilities as a beneficiary.

Sincerely,

[Your Name]

[Your Signature]

I, [Beneficiary's Name], accept the terms of this agreement.

[Beneficiary's Signature]

Date: [Insert Date]