

Confirmation Letter

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are writing to confirm your access to the insurance account associated with [Insured's Name]. Your role as the beneficiary has been duly recognized, and you have the right to manage the insurance policy.

Policy Number: [Insert Policy Number]

Insurance Company: [Insert Insurance Company Name]

Please feel free to reach out to us if you have any questions or require further assistance.

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]