

# Notification of Granting Beneficiary Policy Access

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are pleased to inform you that your request for access to the policy benefits of [Policy Holder's Name] has been granted. You are now recognized as a beneficiary under the policy number [Policy Number].

As a beneficiary, you have certain rights and responsibilities regarding the policy. Please ensure to review the policy document and understand the benefits you are entitled to. For any claims or inquiries related to this policy, feel free to reach out to our support team.

Should you have any further questions or require additional assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]