

Insurance Rights Transfer Advice

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you about the transfer of insurance rights regarding your policy [Policy Number]. As per our records, you have requested to assign your rights and benefits under this policy to [Assignee Name].

Below are the details regarding this transfer:

- **Policy Holder:** [Your Name]
- **Assignee:** [Assignee Name]
- **Effective Date of Transfer:** [Effective Date]

Please ensure that all future correspondence regarding this policy is directed to the assignee listed above. It is essential to maintain transparency and clarity during this transfer process.

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

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Company Address]

[City, State, Zip Code]

[Your Contact Information]