

Date: _____

Accidental Death Insurance Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

According to our records, the following policy(ies), issued by your company, are in effect.

Policy Number _____ Policy Number _____

The policy(ies) should be transferred to:

Name: _____

Address: _____

City/State/Zip: _____

Relationship to the Deceased: _____

The following individuals should be carried on the policy as dependents:

<u>Name</u>	<u>Address</u>	<u>SSN</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____