**INSERT FIRM LETTERHEAD HERE**

***FINANCIAL INSTITUTION LETTER
NON-TRUST ASSET (LIFE INSURANCE)***

November 21, 2024

NAME OF FINANCIAL INSTITUTION
ATTN: FINANCIAL INSTITUTION CONTACT NAME

STREET ADDRESS

CITY, STATE ZIP CODE
Fax Number: FINANCIAL INSTITUTION FAX #
Email: FINANCIAL INSTITUTION EMAIL ADDRESS

 **Re: Decedent’s Name: DECEDENT NAME**

 **Date of Death: DATE OF DEATH**

**TYPE OF ACCOUNT Policy Number: INSURANCE POLICY NUMBER**

To Whom It May Concern:

We represent the estate of DECEDENT NAME. At the time of death, DECEDENT NAME was the insured of the above-referenced policy. TRUSTEE/CLIENT NAME is the beneficiary of the policy. Enclosed are (1) a copy of the decedent’s death certificate; and (2) an “Authorization to Release Information” form executed by TRUSTEE/CLIENT NAME, authorizing **NAME OF FINANCIAL INSTITUTION** to release information regarding the above-referenced policy(ies) to our law firm.

**Please provide EITHER a completed IRS 712 Form OR a letter stating the death benefit of the** **policy as of the DATE OF DEATH along with the beneficiary designation of the account.**

Please forward the requested information to my assistant by email at ASSISTANT EMAIL ADDRESS. If not possible to send by email, send either by fax at LAW FIRM FAX NUMBER (ATTN: ASSISTANT NAME) or by mail to LAW FIRM NAME, ATTN: ASSISTANT NAME, LAW FIRM ADDRESS. If there are any issues with the processing of this request, please call ASSISTANT NAME immediately at LAW FIRM PHONE NUMBER (INCLUDE ANY EXTENSION, IF POSSIBLE).

Sincerely,

FIRM NAME

ATTORNEY NAME

Attorney at Law

ATTY INITIALS/admin initials

Enclosures