

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Policyholder Address]  
[City, State, Zip Code]

**RE: NOTICE OF CANCELLATION AND RESCISSION OF POLICY #[Policy Number]**

Dear [Policyholder Name],

This letter serves as formal notification that [Company Name] is canceling and rescinding your life insurance policy, effective [Effective Date of Cancellation].

Following a recent investigation and review of your application materials, the company has determined that material misrepresentations and/or fraudulent information were provided regarding the following:

- [Description of fraud/misrepresentation, e.g., Medical History]
- [Description of fraud/misrepresentation, e.g., Tobacco Use]
- [Description of fraud/misrepresentation, e.g., Occupation or Income]

Under the terms of the policy and state insurance regulations, the provision of false or misleading information renders the contract voidable. As a result, the policy is considered null and void from its original inception date.

**Premium Refund Status:**

[Select one: A check for the return of premiums paid is enclosed / A refund of premiums will be processed within X days / Premiums are being withheld as permitted by law due to the nature of the fraud.]

If you believe this decision has been made in error, you have the right to submit additional documentation or appeal this decision by contacting our Compliance Department at [Phone Number] or [Email Address] within [Number] days of receiving this notice.

Sincerely,

[Signature]  
[Name of Representative]  
[Title]  
[Department]