

[Insurance Company Name]
[Policy Administration Department]
[Street Address]
[City, State, Zip Code]

[Date]

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

Subject: Confirmation of Policy Surrender and Cancellation

Dear [Policyholder Name],

This letter serves as formal confirmation that your life insurance policy, listed below, has been cancelled and surrendered at your request.

Policy Details:

Policy Number: [Policy Number]
Insured Name: [Name of Insured]
Effective Date of Cancellation: [Date]

As per the terms of your policy, the surrender process has been completed. Please find the financial summary of this transaction below:

- Gross Surrender Value: \$[Amount]
- Less Outstanding Loans/Interest: \$[Amount]
- Less Surrender Charges: \$[Amount]
- **Total Net Cash Value Payable: \$[Amount]**

The net cash value [has been sent via check to your address on file / has been deposited into your nominated bank account] as of [Date].

Please note that all coverage under this policy has now ceased. No further premiums are due, and no death benefits or other riders will be payable for any events occurring after the effective date of cancellation.

We recommend consulting with a tax advisor regarding any potential tax liabilities resulting from this surrender.

If you have any questions regarding this confirmation, please contact our Customer Service Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Representative]

[Title]

[Insurance Company Name]