[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Policy Cancellation Authorization
Policy Number: [Insert Policy Number]
Insured Name: [Insert Name of Insured]

To Whom It May Concern,

Please accept this letter as formal notification and authorization to cancel the above-referenced life insurance policy effective immediately, or as of [Date].

I request that all coverage associated with this policy be terminated. Furthermore, please cease all future premium withdrawals or billing cycles associated with this account. If there are any unearned premiums or cash surrender values due back to me, please mail the check to my address listed above.

Please send a written confirmation of this cancellation within [Number] business days, confirming the effective date of termination and the details of any pending refunds.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]