[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]

Subject: Signature Required to Finalize Policy Cancellation

Dear [Insured Name],

We have received your request to cancel policy number **[Policy Number]**, effective **[Cancellation Date]**.

To finalize this process and ensure your coverage is officially terminated, we require your signature on the enclosed Cancellation Request/Release Form. Your cancellation cannot be processed until this document is returned.

Next Steps:

- Please review the attached document for accuracy.
- Sign and date where indicated.
- Return the signed copy via [Email/Fax/Mail] by [Due Date].

Please note that if the signed form is not received, the policy may remain active and additional premiums may continue to accrue.

If you have any questions regarding this requirement, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Company Name]