

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

[Date]

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

**Subject: Life Insurance Policy Surrender Request**

To Whom It May Concern,

I am writing to formally request the full surrender and cancellation of my life insurance policy, effective immediately. Please find the policy details below:

- **Policy Holder Name:** [Your Full Name]
- **Policy Number:** [Your Policy Number]
- **Type of Policy:** [e.g., Whole Life / Universal Life]

I wish to receive the total net cash surrender value of the policy. Please send the proceeds via check to my mailing address listed above or via direct deposit to the following account:

- **Bank Name:** [Bank Name]
- **Routing Number:** [Routing Number]
- **Account Number:** [Account Number]

Please provide a written confirmation of the cancellation and a detailed statement showing the final surrender value and any applicable fees or taxes withheld.

If there are any specific forms required to complete this process, please send them to me immediately. If you have any questions, you may contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]