

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

[Date]

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

RE: Request for Full Cash Surrender of Life Insurance Policy

Policy Number: [Your Policy Number]
Insured Name: [Name of Insured]

To Whom It May Concern,

I am writing to formally request the full surrender of the above-referenced whole life insurance policy for its total net cash value. Please terminate all coverage associated with this policy effective immediately.

I request that the check for the full surrender value, including any accumulated dividends and interest, be mailed to my address listed above. If you offer electronic funds transfer (EFT), please contact me to provide my banking information.

I understand that by surrendering this policy, all life insurance coverage and benefits will cease. I also acknowledge that there may be tax implications regarding this surrender and that I am responsible for any applicable taxes.

Please process this request within [Number] business days and send a confirmation statement detailing the final payout amount and any tax-reported gains.

Sincerely,

[Signature]
[Your Printed Name]

Note: [If required, include Notary Public signature and seal here]