

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

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

RE: Notice of Cancellation for Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the cancellation of my life insurance policy, effective as of [Date].

Please stop all future premium withdrawals from my account immediately. If there are any unused premiums or cash values associated with this policy, please mail a check for the balance to the address listed above.

I request a written confirmation of this cancellation within [Number] business days. Please include the final date of coverage and the details of any refunds processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]