

[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]

RE: Voluntary Surrender of Life Insurance Policy

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

To Whom It May Concern,

I am writing to formally request the voluntary surrender and cancellation of the above-referenced life insurance policy effective [Date].

Please process this request immediately and cease all future premium withdrawals from my account. I understand that by surrendering this policy, all coverage and benefits associated with it will terminate on the effective date.

If this policy has any accrued cash surrender value, please mail a check for the full amount to my address listed above. If there are specific forms required to complete this transaction, please send them to me at your earliest convenience.

Please provide written confirmation once the cancellation has been processed and the policy is officially closed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]