

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

To Whom It May Concern,

I am writing to formally request the cancellation of my term life insurance policy, number [Your Policy Number], effective [Date you want coverage to end].

Please stop all future premium withdrawals from my account as of the date mentioned above. I understand that coverage will cease on this date and that no further benefits will be payable under this policy.

Please send me written confirmation that this policy has been canceled and that no further premiums are due. If there are any forms required to finalize this cancellation, please send them to me at the address listed above or via email.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]