

[Date]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

RE: Notification of Life Insurance Policy Surrender

To Whom It May Concern,

This letter serves as formal notification that I wish to surrender the following insurance policy for its full cash value:

- **Policy Number:** [Enter Policy Number]
- **Insured Name:** [Enter Insured Name]
- **Owner Name:** [Enter Owner Name]

I have decided to terminate this coverage effective immediately. Please process the surrender and issue the net cash surrender value to the address on file. I understand that upon surrender, all coverage and riders associated with this policy will cease to exist.

Please find the following documents attached/enclosed (if required):

- Original Policy Document (or Lost Policy Form)
- Completed Surrender Application
- Copy of Government-Issued ID

Please provide written confirmation once the surrender has been processed and the funds have been disbursed. If there are any further requirements or forms needed to finalize this request, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name of Policy Owner]