

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

[Date]

[Insurance Company Name]  
[Department Name, e.g., Cancellations Department]  
[Company Address]  
[City, State, Zip Code]

**RE: Notice of Life Insurance Policy Termination**

To Whom It May Concern,

Please accept this letter as formal notification that I wish to terminate my life insurance policy, effective [Date of Termination].

**Policy Information:**

Policy Holder Name: [Your Full Name]  
Policy Number: [Your Policy Number]  
Type of Policy: [e.g., Term Life / Whole Life]

I request that all coverage associated with this policy be canceled. Please stop all future premium withdrawals from my [Bank Account / Credit Card] as of the date mentioned above. [Optional: If there is a cash surrender value, please send the funds to my address on file.]

Please send a written confirmation of this cancellation for my records within [Number] business days.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]  
[Your Printed Name]