

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

[Date]

[Insurance Company Name]
[Policy Administration Department]
[Company Address]
[City, State, Zip Code]

RE: Surrender of Universal Life Insurance Policy

Policy Number: [Policy Number]

Insured Name: [Insured Name]

To Whom It May Concern,

This letter serves as my formal authorization to fully surrender the above-referenced Universal Life insurance policy for its total net cash surrender value.

Please terminate all coverage associated with this policy effective immediately. I understand that by surrendering this policy, all death benefits and riders will cease to exist. I also acknowledge that there may be surrender charges or tax implications associated with this transaction.

Please process the distribution as follows (select one):

- Mail a check to my address on file.
- Direct deposit into my bank account (Bank Name: [Name], Routing: [Number], Account: [Number]).

If any specific company forms are required to finalize this request, please send them to me via email or mail immediately. Otherwise, please process this request based on this written authorization.

Sincerely,

[Signature]

[Printed Name of Policy Owner]

Notary Acknowledgement (if required by company):

State of _____, County of _____
Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public Signature
