

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

[Date]

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

Subject: Request for Cash Surrender of Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the full surrender of my life insurance policy, number [Your Policy Number], effective immediately.

Please terminate all coverage associated with this policy and send me the full cash surrender value, minus any applicable fees or outstanding loans. I understand that by surrendering this policy, all insurance coverage and benefits will cease.

Please deliver the funds via the following method (select one):

- Check sent to my mailing address listed above.
- Direct deposit to my bank account (Banking details: [Bank Name], [Routing Number], [Account Number]).

I request that you process this transaction within [Number] business days. Please provide a written statement confirming the final surrender value and the date the policy was officially closed.

Thank you for your prompt attention to this matter. If you require further documentation or the original policy document, please contact me immediately.

Sincerely,

[Your Signature]
[Your Printed Name]