

[Your Full 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 Policy Cancellation

To Whom It May Concern,

I am writing to formally request the cancellation of my life insurance policy, effective immediately. Please stop all future premium payments and automatic withdrawals associated with this policy.

Policy Details:

Policy Number: [Enter Policy Number]
Insured Name: [Enter Name of Insured]

I request a written confirmation that this policy has been cancelled and that no further premiums will be charged to my account. If there are any unused portions of premiums already paid, please refund them to my address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]