

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

[Date]

[Name of Insurance Company]
[Department Name, e.g., Policy Surrender Department]
[Company Address]
[City, State, Zip Code]

Subject: Formal Notice of Policy Surrender - Policy Number: [Your Policy Number]

To Whom It May Concern,

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

Please process the surrender of this policy and disburse the total accumulated cash surrender value, minus any applicable fees or outstanding loans, to me. I request that the funds be issued via [Check / Electronic Funds Transfer].

I understand that by surrendering this policy, all insurance coverage associated with it will terminate, and I waive all further claims and benefits under this policy.

Please find the following documents attached as required for processing:

- Completed Surrender Request Form (if applicable)
- Copy of Government-Issued ID
- [List any other required documents here]

Please provide a written confirmation once the surrender process is complete and provide a final statement detailing the payout calculation for my records.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]