

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

[Date]

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

RE: Request to Remove Loss Payee from Policy

Policy Number: [Your Policy Number]
Property Address: [Insured Property Address]

To Whom It May Concern,

I am writing to formally request the removal of the following Loss Payee from the insurance policy referenced above:

Loss Payee Name: [Name of Bank or Financial Institution]
Account/Loan Number: [Your Loan Number]

The mortgage/loan for this property has been paid in full. I have enclosed a copy of the [Release of Lien / Satisfaction of Mortgage] document as proof that this entity no longer holds a financial interest in the property.

Please update my policy records immediately and issue a revised Declarations Page reflecting this change.

Thank you for your prompt attention to this matter. Please contact me if you require any further information.

Sincerely,

[Your Signature]

[Your Printed Name]