

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

[Date]

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

Re: Life Insurance Policy Adjustment - Policy Number: [Your Policy Number]

Dear Customer Service Team,

I am writing to request a formal review and downward adjustment of my current life insurance coverage under the aforementioned policy number.

My spouse and I have recently transitioned into a new stage of life. As "empty nesters," we have successfully downsized our primary residence and significantly reduced our outstanding financial liabilities, including the payoff of our mortgage. Consequently, our need for a high death benefit has diminished, and we wish to align our coverage with our current financial situation.

I would like to request the following:

- A reduction of my total death benefit from [Current Amount] to [New Desired Amount].
- An updated calculation of the new monthly/annual premium reflecting this change.
- Information on how this adjustment affects any accumulated cash value (if applicable to this policy type).

Please send the necessary endorsement forms or confirmation documents to my address listed above. If there are multiple options available for restructuring this policy to better suit a retired or semi-retired lifestyle, I would appreciate receiving those details as well.

Thank you for your assistance. I look forward to receiving the updated policy terms.

Sincerely,

[Your Signature]

[Your Printed Name]