Date: [Insert Date]

To: [Lender/Institution Name]
Address: [Street Address]
City, State, Zip: [City, State, Zip Code]

Account Number: [Insert Account Number]

Subject: Request for Equitable Reduction of Protection Account Balance

Dear [Contact Person or Department Name],

I am writing to formally request an equitable reduction of the outstanding balance on my protection account listed above.

Due to [briefly state reason, e.g., unexpected financial hardship, medical emergency, or error in billing], I am currently unable to fulfill the full repayment of the current balance. I am committed to resolving this debt and am requesting a fair adjustment to the total amount owed to reflect my current financial capacity.

I propose a reduced settlement amount of $[Insert Amount] to be paid in [Insert Number] installments or as a one-time lump sum. I believe this proposal represents a fair and equitable solution for both parties given the circumstances.

Please find attached documentation supporting my financial situation. I look forward to your written response regarding this request and am open to discussing a mutually agreeable payment plan.

Thank you for your time and consideration.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]