

Letter of Cancellation for Final Expense Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name/Agent's Name],

I am writing to formally request the cancellation of my final expense coverage effective immediately. My policy number is [Insert Policy Number].

I understand the terms outlined in my policy regarding cancellation and would appreciate your confirmation of this cancellation request.

If you require any further information to process this request, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]