

Forfeiture of Life Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the forfeiture of my life insurance policy, with policy number [Insert Policy Number], effective immediately. After careful consideration, I have decided to forfeit this policy.

Please confirm the receipt of this request and provide any necessary forms or information regarding the next steps.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]