

Life Insurance Policy Surrender Request

Date: [Insert Date]

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

Subject: Request for Surrender of Life Insurance Policy

Dear [Insurance Company Representative's Name],

I am writing to formally request the surrender of my life insurance policy with the following details:

- Policyholder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]

I have reviewed my policy and have decided to surrender it as of [desired surrender date]. Please let me know the required steps and any forms I need to complete to finalize this process.

Thank you for your assistance in this matter. I look forward to your prompt response.

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