

Notice of Surrender of Life Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Surrender of Life Insurance Policy [Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request the surrender of my life insurance policy with the number [Policy Number]. After careful consideration, I have decided to discontinue this policy.

Please process this surrender effective immediately and provide me with any applicable cash surrender value. I would appreciate a confirmation of this request along with information regarding the next steps.

Thank you for your assistance.

Sincerely,

[Your Name]