

Letter of Relinquishment

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

[Date]

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

Subject: Relinquishment of Life Insurance Policy - [Policy Number]

Dear [Insurance Company Representative],

I am writing to formally request the relinquishment of my life insurance policy with the policy number [Policy Number], effective immediately. After careful consideration, I have decided to withdraw from this policy and I no longer require coverage.

Please confirm the termination of my policy in writing and any further steps I need to take to finalize this process. I would appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,
[Your Name]