

Letter of Surrender of Life Insurance Coverage

Date: [Insert Date]

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

Subject: Request for Surrender of Life Insurance Policy

Dear [Insurance Company Contact/Customer Service],

I am writing to formally surrender my life insurance policy, policy number [Insert Policy Number], effective immediately. After careful consideration, I have decided to discontinue my coverage.

Please process this request and confirm the surrender by sending me a confirmation letter at your earliest convenience.

Thank you for your assistance.

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