

# Life Insurance Maturity Funds Withdrawal Request

**Date:** [Insert Date]

**To,**

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

**Subject:** Request for Withdrawal of Maturity Funds

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the withdrawal of the maturity funds for my life insurance policy with the following details:

**Policy Number:** [Insert Policy Number]

**Insured Name:** [Insert Your Name]

**Contact Number:** [Insert Your Contact Number]

As the policy has matured on [Insert Maturity Date], I would like to initiate the withdrawal process at your earliest convenience. Please inform me of any required documentation or forms that I need to complete to facilitate this process.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]