

# Request for Cancellation of Annual Premium Invoice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I hope this message finds you well. I am writing to request the cancellation of my annual premium invoice for policy number [Insert Policy Number]. I would like to discontinue my coverage effective [Insert Desired Cancellation Date].

Unfortunately, due to [briefly explain reason for cancellation if comfortable], I am unable to continue with the policy at this time.

Please confirm the cancellation and provide any necessary documentation regarding the termination of the policy. I appreciate your assistance in this matter.

Thank you for your prompt attention to this request.

Sincerely,

[Your Name]