

Policy Surrender Acceptance

Date: [Insert Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We acknowledge receipt of your request to surrender Policy Number [Insert Policy Number] effective [Insert Effective Date]. We have processed your request and are pleased to inform you that the surrender has been accepted.

The amount payable upon surrender is [Insert Amount], which will be processed and sent to you within [Insert Timeframe]. Please allow [Insert Timeframe for Processing] for the payment to be delivered.

If you have any questions or need further assistance, feel free to contact us at [Insert Contact Information].

Thank you for your previous commitments with us, and we wish you all the best in your future endeavors.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]