

Policy Surrender Confirmation

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 Representative's Name],

Subject: Confirmation of Policy Surrender - Policy Number [Insert Policy Number]

I am writing to formally confirm the surrender of my policy with the above-mentioned policy number, effective as of [Insert Effective Date].

As per our previous discussions, I understand that my request has been processed, and I would like to request a written confirmation of the policy surrender as well as any details regarding the final settlement amount.

Thank you for your prompt attention to this matter. I look forward to your confirmation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]