

# Policy Surrender Notification

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Notification of Policy Surrender

Dear [Insurance Company],

I am writing to formally notify you of my decision to surrender my insurance policy with the following details:

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

**Policyholder Name:** [Insert Your Name]

**Effective Date of Surrender:** [Insert Effective Date]

Due to [reason for surrender], I have decided to discontinue this policy. I kindly request a confirmation of the surrender process and any details regarding the settlement amount or further actions required on my part.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]