

Policy Withdrawal Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

This letter serves as acknowledgment of my request to withdraw from policy number [Insert Policy Number] effective [Insert Effective Date]. I understand that this request will terminate my coverage associated with this policy.

Please confirm the receipt of this acknowledgment and inform me of any necessary steps I need to follow to finalize the withdrawal process.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]