

Withdrawal Letter from Insurance Policy

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],

I am writing to formally request the withdrawal of my insurance policy with the following details:

- Policy Number: [Insert Policy Number]
- Policy Holder Name: [Your Name]
- Type of Insurance: [Life/Health/Auto/etc.]

Please process this request at your earliest convenience and confirm the termination of my policy. I would appreciate any documentation regarding the status of my withdrawal.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]