

Cancellation of Life Insurance Policy Request

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 Name],

I am writing to formally request the cancellation of my life insurance policy, policy number [Insert Policy Number].

Due to [personal reasons, financial circumstances, etc.], I have decided to cancel my policy effective immediately. Please confirm the cancellation in writing and inform me of any remaining steps I may need to take.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]