

Life Insurance Surrender Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear Sir/Madam,

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

Due to [mention reason for surrendering the policy, e.g., financial reasons, change in circumstances], I wish to initiate the surrender process as per the terms and conditions of my policy.

Please send me the necessary documents and any information regarding the surrender value and procedure at your earliest convenience.

Should you require any further information, do not hesitate to contact me at the number or email provided above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]