

Letter of Intent to Surrender Life Insurance Coverage

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Company Address
City, State, Zip Code

Subject: Intent to Surrender Life Insurance Coverage

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of my intent to surrender my life insurance policy, with the policy number [Policy Number], effective immediately. After careful consideration, I have decided that this action is the best course for my current situation.

Please process this request and confirm the surrender of my policy at your earliest convenience. If there are any forms I need to complete or additional information required, please let me know.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,
[Your Name]