

Life Insurance Policy Surrender Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Surrender of Life Insurance Policy

Dear [Insurance Company Contact/Customer Service],

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

Policy Number: [Your Policy Number]

Policyholder Name: [Your Name]

Type of Policy: [Type of Policy]

After careful consideration, I have decided to surrender my policy effective immediately. Please process this request and provide me with the necessary information regarding the surrender value and any other relevant details.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]