

Notice of Life Insurance Policy Surrender

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Notice of Surrender of Life Insurance Policy

Dear [Insurance Company Representative/Claims Department],

I am writing to formally notify you of my intention to surrender my life insurance policy held with your company. Below are the details of my policy:

- Policy Number: [Insert Policy Number]
- Insured Name: [Insert Insured Name]
- Policy Type: [Insert Policy Type]

Please process this request and provide confirmation of the surrender along with any applicable cash value and settlement details. If there are any forms or additional information required, kindly inform me at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]