

Request for Life Insurance Cancellation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name or Customer Service],

I am writing to formally request the cancellation of my life insurance policy with the policy number [Insert Policy Number]. Please take this letter as my official notice, and process the cancellation effective immediately.

Should you require any further information or documentation to facilitate this request, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]