

# Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative Name],

I am writing to formally request the withdrawal from my life insurance policy. Below are the details of my policy:

**Policy Number:** [Insert Policy Number]

**Policyholder Name:** [Insert Your Name]

Please process this withdrawal request at your earliest convenience. If there are any forms or further documentation needed to complete this process, feel free to contact me at the above phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]