

Cancellation Acknowledgement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

Subject: Acknowledgement of Life Insurance Cancellation

We acknowledge the receipt of your request to cancel your life insurance policy #[Policy Number] effective [Cancellation Effective Date].

Please note that we have processed your request and your policy has been officially canceled. If you have any questions regarding this cancellation or wish to discuss your coverage options, please feel free to reach out to us.

Thank you for your past business. We appreciate your understanding and hope to serve you again in the future.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]