

Cancellation of Life Insurance Benefits

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 Contact/Department Name],

I am writing to formally request the cancellation of my life insurance policy with the policy number [Insert Policy Number]. As of [Insert Desired Cancellation Date], I would like to terminate all benefits associated with this policy.

Please confirm the cancellation of my life insurance policy in writing, along with any final statements or documentation necessary to complete this process.

Thank you for your attention to this matter. Should you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]