

Life Insurance Cancellation Confirmation

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 Name],

This letter is to confirm the cancellation of my life insurance policy, policy number [Insert Policy Number], effective [Insert Cancellation Date]. I have reviewed my decision and would like to formally state that I no longer wish to continue this policy.

Please confirm the cancellation in writing, and ensure that no further premiums will be deducted from my account. I would appreciate a prompt response regarding this matter.

Thank you for your assistance.

Sincerely,

[Your Name]