

Life Insurance Policy Relinquishment Request

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Policy Number: [Insert Policy Number]

Dear [Insurance Company Contact/Department],

I am writing to formally request the relinquishment of my life insurance policy with the above-mentioned policy number, effective immediately. Please consider this letter as my official notice of relinquishment.

My details are as follows:

Name: [Your Full Name]

Address: [Your Address]

Phone: [Your Phone Number]

Email: [Your Email Address]

I kindly request that you confirm the relinquishment process and any potential implications or final actions that need to be taken on my part. Additionally, please send me written confirmation of the status of this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]