

# Request to Discontinue Life Insurance

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Subject: Request to Discontinue Life Insurance Policy

Dear [Insurance Company Name],

I am writing to formally request the discontinuation of my life insurance policy, [Policy Number], effective immediately.

Due to personal circumstances, I have decided to terminate this policy. Please confirm the cancellation of my insurance and provide any necessary documentation required for this process.

Thank you for your attention to this matter. I appreciate your prompt response.

Sincerely,

[Your Name]