

Termination of Life Insurance Coverage

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request the termination of my life insurance policy with the above-mentioned policy number, effective immediately.

Please send me a written confirmation of this termination and ensure that no further premiums are deducted from my account.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]