

Insurance Policy Transfer Request

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 Name],

I am writing to formally request the transfer of my insurance policy, numbered [Insert Policy Number], to establish a trust fund. This trust fund is intended for [describe the purpose of the trust fund briefly].

Details of the transfer are as follows:

- Policyholder Name: [Your Name]
- Beneficiary Name: [Beneficiary Name]
- Trust Fund Purpose: [Purpose of Trust Fund]

Please provide me with the necessary forms and information required to complete this process. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]