

Insurance Policy Transfer Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Recipient's Name],

I am writing to request the transfer of insurance policy number [Insert Policy Number] from [Current Policyholder's Name] to my underage dependent, [Dependent's Full Name], who is currently under my legal care.

Please find the necessary details below:

- Current Policyholder Name: [Current Policyholder's Name]
- Dependent's Name: [Dependent's Full Name]
- Dependent's Date of Birth: [Dependent's Date of Birth]
- New Policyholder Name: [Your Full Name]
- Your Contact Information: [Your Phone Number, Your Email]

Attached are the required documents for the transfer process:

- Copy of the current policy
- Proof of guardianship or custody
- Any other necessary documentation as per your guidelines

I kindly request that you process this transfer at your earliest convenience. If you require any further information or documentation, please do not hesitate to contact me.

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

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email]