

Insurance Cancellation Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

This letter serves as a confirmation of the cancellation of my life insurance policy, with policy number [Insert Policy Number], effective as of [Insert Effective Date].

I have received confirmation of this cancellation from your customer service department on [Insert Date of Confirmation]. I kindly request that you send me a written confirmation of the policy cancellation for my records.

Thank you for your assistance in this matter. Please do not hesitate to contact me if you require any further information.

Sincerely,

[Your Name]