

Authorization Letter for Insurance Policy Shift

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number] [Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I, [Your Name], the policyholder of insurance policy number [Your Policy Number], hereby authorize the transfer of my insurance policy from [Current Insurance Company Name] to [New Insurance Company Name]. This authorization is effective as of [Effective Date].

Please process this request as soon as possible and inform me of any further steps required on my part.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]