

# Cancellation Notice for Life Insurance

Customer Name: [Your Name]

Address: [Your Address]

City, State, Zip Code: [Your City, State, Zip Code]

Date: [Current Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip Code: [Insurance Company City, State, Zip Code]

Subject: Cancellation of Credit Card Life Insurance Policy

Dear [Insurance Company Representative],

I am writing to formally request the cancellation of my Credit Card Life Insurance policy associated with my credit card (Account Number: [Your Credit Card Number]). Please consider this letter as my official notice for cancellation, effective immediately.

Kindly confirm the receipt of this cancellation request and ensure that no further charges are made to my account regarding this policy. I would appreciate receiving a written confirmation of the cancellation for my records.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

Contact Number: [Your Contact Number]

Email: [Your Email Address]