

Credit Card Life Insurance 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/Agent Name],

I am writing to formally request the transfer of my life insurance policy associated with my credit card. Please find the details of my current policy below:

Policy Number: [Insert Policy Number]

Cardholder Name: [Insert Your Name]

Credit Card Number: [Last Four Digits of Card Number]

Due to [reason for transfer], I would like to transfer my life insurance coverage to [New Policyholder's Name or Account]. I kindly ask that you process this request at your earliest convenience.

If you require any further information or documentation to facilitate this transfer, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]