

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Dear [Insurance Company Name],

I am writing to formally withdraw from my insurance policy, policy number [Policy Number], effective immediately. I understand the implications of this decision and request that you cease all charges and coverage related to this policy.

Please confirm the withdrawal of my policy in writing and provide any information regarding the return of premiums, if applicable.

Thank you for your attention to this matter.

Sincerely,

[Your Name]