

Authorization for Insurance Policy Transfer

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I, [Your Full Name], residing at [Your Address], hereby authorize the transfer of my insurance policy numbered [Policy Number] from [Current Insured Name] to [New Insured Name].

Please find attached the necessary documents that support this transfer, including identification and any required forms.

Should you require any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]