

# Request for Insurance Policy Transfer

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a transfer of my insurance policy, policy number [Your Policy Number], from my name to [New Policyholder's Name]. I have attached all necessary documents to facilitate this transfer.

Please let me know if you require any further information or additional documentation to process this request. I appreciate your assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]