

Letter of Support for Insurance Policy Transfer

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to express my support for the transfer of the insurance policy currently held under my name, [Policy Number], to [New Policyholder's Name]. This decision has been carefully considered, and I believe it to be in the best interest of all parties involved.

[Optional: Briefly explain the reason for the transfer and the benefits.]

I kindly request your cooperation in facilitating this transfer process and ensuring that all necessary documentation is completed in a timely manner. Should you need any further information or clarification, please do not hesitate to contact me.

Thank you for your attention to this matter and for your ongoing support.

Sincerely,

[Your Name]