

# Insurance Policy Surrender Request

Date: [Insert Date]

To,

Customer Service Team  
[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Subject: Request for Surrender of Insurance Policy

Dear Sir/Madam,

I am writing to formally request the surrender of my insurance policy with the following details:

**Policyholder Name:** [Your Name]  
**Policy Number:** [Your Policy Number]  
**Type of Policy:** [Type of Insurance Policy]

Due to [reason for surrendering the policy, e.g., financial reasons, change in circumstances], I have decided to surrender the policy. I would appreciate your guidance on the necessary steps and any forms I need to complete in order to process this request.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]