

Letter of Intent to Surrender Life Insurance Policy

Date: [Insert Date]

To:

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request the surrender of my life insurance policy with the policy number mentioned above. After careful consideration, I have decided that it is in my best interest to terminate this policy and seek other financial alternatives.

Please process this request at your earliest convenience and inform me of any necessary steps I need to complete. Additionally, I would appreciate it if you could provide information regarding the cash value of the policy and any other relevant details.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]