

# Letter of Request for Full Surrender of Insurance Benefits

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

[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the full surrender of my insurance benefits for policy number [Your Policy Number]. After careful consideration, I have decided to terminate this policy and would like to proceed with the surrender process.

Please provide me with the necessary forms and instructions to complete this request. Additionally, I would appreciate any information regarding the surrender value and any potential implications of this action.

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

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]