

Request for Cash Value Withdrawal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Policy Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request a withdrawal of the cash value from my insurance policy numbered [Your Policy Number].

As per the terms of my policy, I would like to withdraw [specify amount or "full cash value"] effective [specify date if necessary]. Please process this request at your earliest convenience and let me know if you require any further documentation or information.

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

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]