

Request to Surrender Insurance Policy

Date: [Insert Date]

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

Subject: Request for Surrender of Insurance Policy

Dear [Recipient's Name],

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

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

Please initiate the process for surrendering the policy and provide any necessary forms or documentation I need to complete. I would appreciate it if you could also confirm the surrender value and how long the process will take.

Thank you for your assistance in this matter.

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