

Insurance Policy Surrender Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Surrender of Insurance Policy #[Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of my decision to surrender my insurance policy with the number [Policy Number], effective immediately. After careful consideration, I have decided that this is the best course of action for my current situation.

Please process the surrender of the policy and inform me of any necessary steps or documents required to complete this process. I would appreciate it if you could confirm the termination of the policy and any potential refunds that I may be entitled to.

If you need any further information, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]