Insurance Policy Termination and Maturation Notice

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policyholder Address: [Insert Policyholder Address]

Dear [Insert Policyholder Name],

We are writing to inform you that your insurance policy with the following details will be terminated and matured on [Insert Effective Date]:

- Policy Number: [Insert Policy Number]
- Type of Insurance: [Insert Type of Insurance]
- Coverage Amount: [Insert Coverage Amount]

Please ensure that any outstanding premiums are settled by the termination date. If you have any questions regarding this notice or would like to discuss your options, feel free to contact us at [Insert Contact Information].

Thank you for choosing [Insert Insurance Company Name]. We appreciate your trust in us.

Sincerely,

[Insert Your Name]

[Insert Job Title]

[Insert Insurance Company Name]

[Insert Company Address]