

Notice of Cancellation

Term Life Insurance Policy

Date:

Policyholder Name:

Address:

Phone Number:

Email Address:

Policy Number:

Insurance Company:

To whom it may concern,

I hereby give notice of my intent to cancel my Term Life Insurance Policy identified above. Please consider this letter as my written request for cancellation, effective immediately or as soon as possible in accordance with the terms and conditions of my policy.

Please send me written confirmation of the cancellation and any refund of unearned premium, if applicable. If further information is needed, please contact me at the phone number or email address provided above.

Policyholder Signature:

Date:
