

Policyholder Cancellation Notice

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

To Whom It May Concern,

This letter serves as formal notice of my request to cancel my Term Life Insurance coverage with immediate effect, as detailed in the policy information above. Please consider this notice as my official instruction to terminate and discontinue all coverage and premium payments associated with the above-mentioned policy.

Kindly provide written confirmation of the policy cancellation and any applicable refund process for premiums paid beyond the cancellation date. If further information or signature is required, please let me know as soon as possible.

Thank you for your assistance.

Sincerely,

[Policyholder Signature]

[Contact Information]

Please keep a copy of this notice for your records.