

# Term Life Insurance Policy Termination Request

Date: \_\_\_\_\_

## Policyholder Information

Full Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

## Termination Request

I, \_\_\_\_\_, hereby request the termination of my Term Life Insurance Policy (Policy Number: \_\_\_\_\_) with immediate effect.

I understand that by terminating the policy, all coverage and benefits under this policy will cease. I confirm that I have read and understood the terms and consequences related to this request.

\_\_\_\_\_  
Signature of Policyholder      **Date:** \_\_\_\_\_