

Whole Life Insurance Policy Surrender Notice

Date:

To: (Insurance Company Name)

Policyholder Name:

Policy Number:

Address:

Phone Number:

Notice of Surrender

I, the undersigned, hereby request the surrender of my Whole Life Insurance Policy as referenced above. Please process the surrender in accordance with the policy terms and remit any surrender value to me at the address provided.

Reason for Surrender (optional):

Signature of Policyholder

Date

Note: Please attach a copy of your identification and the original policy document (if available) when submitting this notice.