

# Insurance Surrender Consent Authorization Letter

Date:

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To:

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Insurance Company Name

Policyholder Name:

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Policy Number:

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Contact Number:

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I, the undersigned policyholder, hereby request and authorize the surrender of the above-mentioned insurance policy. I consent to cancel the policy and authorize payment of the surrender value as applicable. I confirm that I understand the consequences of this surrender and release the insurer from all further obligations under this policy following the surrender.

Reason for Surrender (optional):

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Signature of Policyholder

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Date

Note: Please attach a copy of valid identification and relevant supporting documents, if required.