

Insurance Surrender Consent Authorization Letter

Date:

To:

Insurance Company Name

Policyholder Name:

Policy Number:

Contact Number:

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):

Signature of Policyholder

Date

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