From,

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ ( your address)

To,

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ ( address of the person the letter is addressed to)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Date of which letter is written)

Dear…….(name of the employee)

I am writing this cancellation letter to withdraw my life insurance policy with your company. My policy number is …………… (Policy no.) And it should be effective from……….(mention date).

I also request you to stop all charges related to the payment of premiums. The matter should be dealt with immediate effect and it should be processed within 30 days of this letter.

I expect a quick action in this regard and any information related to the cancellation of this policy should be sent to me at the earliest.

I request you to return the payments made during the tenure of this policy.

For,

\_\_\_\_\_\_\_\_\_\_ (office’s name)

\_\_\_\_\_\_\_\_\_\_ (your name)

\_\_\_\_\_\_\_\_\_\_ (your designation)