RECEIVED

APR 17 2023

Initial: _____

Date: 4/11/2023

Name: Kathryn Mckown

Address: 16822 W Pepperbox Ln, Marana, AZ 85653

ATTN: Cancellations

RE: Life Insurance Policy # 20-177461

Please consider this letter as a formal request to cancel the referenced life insurance policy. **Please stop all debits, charges, and bank drafts for premium payments immediately.** The effective date of policy cancellation is 4/11/2023.

I am also requesting written confirmation for the cancellation and the return of any premiums. The cash value of the policy, if any, should also be sent with any returned premium. **This action needs to occur immediately, upon receipt of this letter.**

Sincerely,

Kathryn McKown