“Cash In” Life Insurance Policy

Dear _____

I would like to cancel policy # _____ effective today.

My decision is final, and I do NOT want
anyone from your company to call me on the phone or stop by.

I want to be placed on your “Do NOT Call List.”

Please send any cash values, dividends or refunds to me at:

_____

_____

_____

_____ _____
Signed Date

_____ _____
Witness Date

Stop PAC – Send a Bill

Dear _____

I would like to cancel the automatic
withdrawal from my bank for policy # _____ effective today.

I do NOT want anyone from your company to call me on the phone or stop by.

I want to be placed on your "Do NOT Call List."

Please send the Bill for this Policy to:

_____

_____

_____

_____ _____
Signed Date

_____ _____
Witness Date

Replace Policy – Cancel Old Policy

Dear _____

I would like to cancel policy # _____ effective today.

I have decided to take out a different policy,
and do NOT want anyone from your company to call me on the phone or stop by.

I want to be placed on your "Do NOT Call List."

If you disagree with this decision,
Please send me your reasons in writing. Send any correspondence to me at:

_____

_____

_____

_____ _____
Signed Date

_____ _____
Witness Date