

Date _____

RE: _____

To Whom It May Concern:

I, _____ (Insured/Owner Name), have recently submitted an insurance application with _____ (Insurance Carrier). This company has approved my application and transfer paperwork has been submitted to your company to release funds to the aforementioned insurance carrier in the amount of \$ _____ from my current insurance policy # _____ issued by your company. I am requesting that you waive any conservation efforts and transfer my funds immediately upon receipt of this documentation. I also request that you notify me at _____ once a check has been issued by your company and transferred to the aforementioned Insurance Carrier.

Thank you in advance for your prompt attention to this matter.

Respectfully,

_____ (Insured/Owner Signature)
_____ (Insured/Owner Printed Name)
_____ (Insured/Owner Street Address)
_____ (Insured/Owner City, State, Zip)
_____ (Insured/Owner Date of Birth)
_____ (Insured/Owner Social Security #)