**Requesting for Refund because of a Change in Plan**

To,
——————
Address: —————
—————————

Date: \_\_\_\_\_\_\_\_\_\_

From,

—————————— (Name)
Address: ——————-
———————————

**Subject: Insurance Amount Return**

Respected Ma’am/Sir,

I am \_\_\_\_\_\_\_\_, and my client no. is \_\_\_\_\_\_\_\_\_. I joined your company as a customer in \_\_\_\_\_\_ and have remained here as a regular payment provider for \_\_\_\_\_\_\_ many years. Right now, however, I regret to inform you that I cannot continue with your company any longer.
Due to financial reasons, I cannot opt for this plan anymore and would like to withdraw my participation from the company. Below are my details:

Consumer number: \_\_\_\_\_\_\_\_

Plan title: \_\_\_\_\_\_\_\_

Number of payments made: \_\_\_\_\_\_\_\_

I was informed that because I am opting for a premature withdrawal from the program, I will need to bear the burden of \_\_\_\_\_ amount in percentage. I am ready to let that go if it means that the rest will be returned.
Please understand that this was a difficult decision for me to come to, and I wish I could have continued with your company, but this is the situation I have to deal with right now.
I hope you will be compliant with my request.

Thank you.