



CONFIDENTIAL
CANCELLATION REQUEST

Date: / /

To Genus Life Insurance Services,

Cancellation Confirmation:

Policy Owner	
Life Insured	
Policy Owner DOB	
Policy Number	

Please take this letter as confirmation to cancel this policy, effective as of the paid up to date.

I wish to cancel my _____ cover due to _____

I wish to thank you for the Insurance cover provided in the past. If you require any further information please contact me on _____

Yours Sincerely,

Signed _____ (Policy Owner)