**Name**
**Address**
**City, State Zip**

**Date**

Americo Financial Life and Annuity Insurance Company

**Attn: Policy Holder Services**

FAX: 816 701 2534

RE: **Termination of Policy # Plan**

To Whom It May Concern:

Please Terminate my Medicare supplement policy # as of **Date**.

Please stop all bank Drafts being deducted for this policy starting **Date** as I have replaced my coverage with a new company as of **Date**.

Please return any unused premium as soon as possible.

Thank you for your attention to this matter.

Sincerely,

**Name**