Name
Address
Line 2
City, State Zip

Date

SBLI USA Life Ins Co.
Attn: New Business

FAX: 816-701-2523

RE: Policy # _____

To Whom It May Concern:

Please be advised that I wish to withdraw my application that was submitted **Date** as I do not wish to take the policy any more.

Please cease and desist any further bank drafts from my account and please refund any premium that was withdrawn.

Should you have any questions, please do not hesitate to contact me at **Number**.

Thank you,

Name