

Request for Specific Reasons for Declination

Regarding Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I hereby request that you please send me the specific details as to why my application for life insurance has been declined and have this information mailed to me as soon as possible to the following address:

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Should you have any questions related to this request please contact me at

\_\_\_\_\_.

Thank you in advance for your prompt attention and cooperation in this matter.

Insured \_\_\_\_\_ Date \_\_\_\_\_