

Whole Life Insurance Surrender Declaration

Policyholder Declaration Form

Policy Number

Policyholder Full Name

Identity Number

Contact Number

Address

Reason for Surrender

Declaration

I, the undersigned policyholder, hereby request the surrender and cancellation of the above policy and declare that all the information provided is true and correct. I understand the implications and consequences of surrendering my whole life insurance policy.



Policyholder's Signature

Date