

Surrender Form for Participating Whole Life Insurance Policy

POLICY DETAILS

Policy Number

Name of Policyholder

Date of Birth

Contact Number

Email Address

Address

BANK DETAILS (FOR PAYMENT)

Bank Name

Account Number

IFSC / SWIFT Code

Account Holder Name

REASON FOR SURRENDER

Declaration:

I hereby request the surrender of the above participating whole life insurance policy. I confirm that all

information provided is true and accurate. I understand the implications of surrendering my policy, including the payment of any surrender charges and the cessation of policy benefits.

Signature of Policyholder

Name of Policyholder

Date

DD/MM/YYYY