

# Surrender Form for Participating Whole Life Insurance Policy

## POLICY DETAILS

**Policy Number****Name of Policyholder****Date of Birth** DD/MM/YYYY**Contact Number****Email Address****Address**

## BANK DETAILS (FOR PAYMENT)

**Bank Name****Account Number****IFSC / SWIFT Code****Account Holder Name**

## REASON FOR SURRENDER

Please specify your reason for surrendering the policy

**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