

Whole Life Insurance Surrender Value Claim Form

1. Policy Details

Policy Number

Date of Issue

Plan Type

2. Policyholder Details

Full Name

Date of Birth

Address

Phone Number

Email

3. Surrender Request Information

Reason for Surrender

Last Premium Paid Date

Bank Name

Bank Account Number

IFSC Code

4. Document Checklist

Original Policy Document Identity Proof Bank Passbook/Cancelled Cheque Other (specify)

Other Documents

5. Declaration

I hereby declare that the information given herein is true and correct to the best of my knowledge and that I request surrender of the above policy and payment of the surrender value as per company policies.

Signature of Policyholder

Date