

# Whole Life Plan Surrender Request Application

## Personal Information

Policyholder Name

Date of Birth

Address

Contact Number

Email Address

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## Policy Details

Policy Number

Policy Issue Date

Sum Assured

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## Surrender Details

Reason for Surrender

Bank Account Details for Payment (Account Name, Bank Name, Account Number, IFSC)

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## Declaration & Signature

I confirm that the information provided above is true and correct to the best of my knowledge.

Signature

Date