

Whole Life Plan Surrender Request Application

Personal Information

Policyholder Name

Date of Birth

Address

Contact Number

Email Address

Policy Details

Policy Number

Policy Issue Date

Sum Assured

Surrender Details

Reason for Surrender

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

Declaration & Signature

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

Signature

Date