

Whole Life Policy Surrender Form

Personal Details

Policyholder Name

Date of Birth

Address

Contact Number

Policy Details

Policy Number

Policy Issue Date

Sum Assured

Premium Amount

Reason for Surrender

Bank Details for Refund

Bank Name

Account Number

IFSC Code

Branch

Declaration: I hereby request the surrender of the above-mentioned policy and confirm that all the information provided is true to the best of my knowledge. I authorize the insurer to process my request and transfer the surrender value to my bank account after necessary deductions as per policy terms.

Signature of Policyholder

Date