

Beneficiary Consent Form

Whole Life Policy Surrender

Policy Information

Policy Number

Policy Owner Name

Name of Insured

Beneficiary Details

Beneficiary Full Name

Relationship to Insured

Date of Birth

Beneficiary Address

Consent

I, the undersigned beneficiary of the above-referenced Whole Life Insurance Policy, hereby confirm that I have been informed of the request for surrender of the policy. I understand and consent to the full surrender of this policy and the discharge and release of the insurer from any further obligations under the policy. I certify that I am not otherwise prevented from providing this consent and that all information provided above is true and correct to the best of my knowledge.

Beneficiary Signature
Date

Witness Signature
Date

Note: This form must be completed and signed by all living beneficiaries named in the policy. Please return this completed form to your insurance provider to process the policy surrender.