

Policy Surrender Application

Whole Life Insurance

Policy Number

Policy Issue Date

Policy Owner Name

Insured Person Name

Owner Address

Contact Number

Email Address

Reason for Surrender

Bank Account Details for Payment

Bank Name

Account Holder Name

Account Number

IFSC / SWIFT Code

Additional Notes (if any)

I hereby request and authorize the surrender of the above-mentioned Whole Life Insurance policy and request settlement of any surrender value through the bank details provided. I declare that the information provided is correct and acknowledge that surrendering the policy terminates all benefits under the policy.

Signature of Policy Owner

Date