

# 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