

Policy Surrender Declaration Form

Whole Life Insurance

Policy Details

Policy Number

Policy Issue Date

Policyholder Name

Date of Birth

Address

Contact Number

Email ID

Bank Account Details (for Surrender Payout)

Bank Name

Branch

Account Holder Name

Account Number

IFSC Code

MICR Code

Declaration

I, the undersigned, hereby request the surrender of my above-mentioned Whole Life Insurance policy. I confirm that I am the legal policyholder and that all information provided in this form is true and correct. I understand and accept the terms and implications of surrendering my policy, including the applicable deductions (if any) and cessation of all benefits thereafter.

I authorize the insurance company to process this surrender request and transfer the surrender value to my bank account as provided above.

Policyholder Signature

Signature
Date

Date