

Policy Surrender Progress Consent Document

Policy Type: Whole Life Insurance

Policy Number:

Policyholder Name:

Consent Statement

I hereby acknowledge and consent to initiate the surrender process of my Whole Life Insurance policy as specified above. I understand that surrendering my policy is irreversible and may result in the termination of all benefits and coverage associated with the policy.

Disclosure

- I am aware that upon surrender of this policy, all rights, benefits, and protections will cease effective from the date of acceptance by the insurer.
- I have been informed of any potential surrender charges, tax implications, or deductions that may be applied to the policy proceeds.
- I agree that I have been provided with and understand the Surrender Value as calculated by the insurer.

Confirmation

1. I confirm that I am the authorized policyholder or have the legal right to request this surrender.
2. I consent to the insurer proceeding with all necessary actions required to complete the policy surrender.
3. I acknowledge that all information provided herein is true and correct to the best of my knowledge.

Policyholder's Signature:

Date:

Witness Name (if required):