

# Whole Life Insurance Surrender Acknowledgment

**Policyholder Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Date of Surrender Request:** \_\_\_\_\_

## Acknowledgment

I, the undersigned policyholder, hereby request the surrender of my Whole Life Insurance Policy as identified above. I confirm that I understand the implications of surrendering my policy, including any surrender charges, potential tax consequences, and the loss of insurance coverage and associated benefits.

I acknowledge receipt of the illustration, the surrender value, and have been informed of all terms and conditions related to the surrender of my policy. I certify that this action is taken voluntarily and with full understanding of its effects.

\_\_\_\_\_

Policyholder Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Company Representative (if applicable)

\_\_\_\_\_

Date

Please return this form to your insurance provider upon completion.