

Endowment Insurance Surrender Request Form

Policy Details

Policy Number

Policyholder Name

Plan Name

Date of Birth

Contact Number

Email Address

Reason for Surrender

Please specify your reason

Bank Account Details for Payout

Account Holder Name

Bank Name

Account Number

IFSC/SWIFT Code

Branch

Declaration

I hereby request to surrender my endowment insurance policy. I confirm that the information provided above is true and accurate to the best of my knowledge.

Signature of Policyholder

Date