

# 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.

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Signature of Policyholder

Date

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