

Endowment Policy Surrender Acknowledgement

Policy Number:

Date of Surrender Request:

Policyholder Name:

Contact Number:

Address:

We hereby acknowledge receipt of your request to surrender the above-mentioned Endowment Policy. The request is being processed, and any applicable surrender value will be paid out as per the terms and conditions of the policy.

For Office Use Only

Received By:

Date Received:

Remarks:

Policyholder's Signature

Authorized Signatory