

[Company Name]
[Company Address]
[City, State, ZIP Code]
[Contact Information]

Date: [DD/MM/YYYY]

To,
[Policyholder Name]
[Policyholder Address]
[City, State, ZIP Code]

Subject: Endowment Surrender Confirmation Letter

Dear [Policyholder Name],

We acknowledge receipt of your request for surrender of your Endowment Policy bearing Policy Number [Policy Number].

This is to confirm that your policy has been successfully surrendered with effect from [Surrender Date]. The surrender value, as applicable, has been calculated and processed accordingly.

Surrender Value Amount: [Amount]

Mode of Payment: [Bank Transfer/Cheque, etc.]

Payment Reference Number: [Reference Number]

Please note that the benefits and cover under this policy cease with immediate effect. Should you have any queries regarding this surrender or require further assistance, you may contact us at [Contact Information].

Thank you for placing your trust in us.

Sincerely,

[Authorized Signatory]
[Designation]
[Company Name]