

Endowment Insurance Surrender Process Declaration

Policyholder Information

Full Name: _____

Policy Number: _____

Contact Number: _____

Email Address: _____

Address: _____

Declaration

I, the undersigned, hereby declare that I wish to surrender my endowment insurance policy as detailed above. I confirm that I understand the consequences of surrendering my policy, including the possible loss of coverage, reduction in benefits, and receipt of the surrender value as per the terms and conditions of the policy.

I also confirm that the information provided in this declaration is accurate and complete to the best of my knowledge. I relinquish all rights and claims to benefits under this policy from the date of acceptance of this surrender by the insurance provider.

I acknowledge that the surrender process is subject to the verification of my identity and details by the insurance provider, and I agree to provide any further documentation as required to process this request.

Bank Details for Surrender Value (if applicable)

Account Holder Name: _____

Bank Name: _____

Account Number: _____

IFSC Code / SWIFT Code: _____

Signature of Policyholder

Date