

Date: _____

To,
The Branch Manager,
[Insurance Company Name]
[Branch Address]
[City, State, ZIP]

Subject: Request for Surrender of Endowment Policy

Dear Sir/Madam,

I am writing to request the surrender of my endowment policy with your company. The details of my policy are as follows:

Policy Number: _____

Policy Holder Name: _____

Date of Commencement: _____

Due to my current financial situation, I am unable to continue with the premium payments and would like to surrender the above policy. I kindly request you to process the surrender and settle the surrender value in my favor.

I am enclosing all the relevant documents and policy originals as required for the surrender process. Kindly let me know if you require any further information or documentation.

Please credit the surrender value amount to my bank account as per the details provided below:

Account Holder Name: _____

Bank Name: _____

Account Number: _____

IFSC Code: _____

Thank you for your assistance.

Yours faithfully,

[Signature]

[Your Name]

[Contact Number]

[Email Address]