

# Policy Surrender Form Template for Endowment Insurance

## 1. Policy Details

Policy Number

Policyholder Name

Type of Endowment Plan

Policy Commencement Date

Sum Assured

## 2. Policyholder Details

Date of Birth

Mobile Number

Email Address

Address

## 3. Surrender Reason

Please state the reason for policy surrender

## 4. Payout Details

Preferred Mode of Payment

Bank Account Details (if applicable)

## 5. Declaration

I, the undersigned, hereby request to surrender my endowment insurance policy as detailed above. I declare that all information provided is true and correct to the best of my knowledge.

Signature of Policyholder

---

Date

---

Signature of Witness

---

Date

---