

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