

Policyholder Consent Form for Endowment Insurance Surrender

Policy Information

Policy Number

Plan Name

Policyholder's Full Name

Insured's Name (if different)

ID Number (NRIC/Passport)

Contact Number

Reason for Surrender

Bank Details for Surrender Payout

Bank Name

Account Number

Account Holder's Name

Branch (optional)

Declaration & Consent

I, the undersigned policyholder, declare that I fully understand the implications of surrendering my Endowment Insurance policy. I have read and acknowledge all terms and conditions relating to this surrender. I consent to the processing of my personal data for the purpose of this surrender. I request the insurer to process the surrender of my above-stated policy and to pay the surrender value (if any) to the provided bank account.

I confirm that all information herein is true and correct to the best of my knowledge.

Policyholder's Signature

Date: _____

Witness Name & Signature

Date: _____

