

Policyholder Consent Form for Endowment Insurance Surrender

Policy Information

Policy Number	Plan Name
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Policyholder's Full Name	Insured's Name (if different)
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ID Number (NRIC/Passport)	Contact Number
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Reason for Surrender

Bank Details for Surrender Payout

Bank Name	Account Number
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Account Holder's Name	Branch (optional)
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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: _____

