

Surrender Acknowledgment Receipt

Endowment Insurance Policy

Receipt No.	Date
Policy No.	Plan
Policyholder Name	
Insured Name	
Contact No.	Email
Surrender Request Date	Surrender Value

This is to acknowledge the receipt of the surrender request for the above-mentioned Endowment Insurance policy along with required documents from the policyholder. The surrender value as stated above will be processed and paid as per policy terms and company guidelines. Kindly allow processing time as prescribed.

Signature of Policyholder

Date: _____

Authorized Signatory

Date: _____

Note: This is a system-generated acknowledgment. Final settlement is subject to documents verification and as per the policy conditions.