

## REQUEST FOR SURRENDER OF INSURANCE

Re: Policy No. \_\_\_\_\_

Application is hereby made for the payment to \_\_\_\_\_ of the full cash value of the above policy, less any indebtedness to the company secured by the policy. The policy is herewith delivered to you for cancellation. It is agreed that such payment shall constitute full and final settlement of all claims under the policy.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Signature of Policyowner

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 ID Number or Passport Number

\_\_\_\_\_  
 Email address

\_\_\_\_\_  
 Signature of Assignee, if any

\_\_\_\_\_  
 Signature of Beneficiary

**IMPORTANT:** Please tick one of the boxes below for the dispatch of your cheque

- Collect from Head Office  Mail to my address - P.O. Box \_\_\_\_\_  
 Collect from Agency office \_\_\_\_\_

### INSTRUCTIONS

1. This FORM should be completed in duplicate and both copies forwarded to the head office. One copy will be returned to the applicant with a cheque for the cash surrender value.
2. If the beneficiary is irrevocable he/she must also sign.
3. If the policy is assigned, the assignee must sign.
4. THE COMPANY CAN TAKE NO ACTION unless the policy document is returned with this form.

### FOR HEAD OFFICE USE ONLY

Premiums paid to \_\_\_\_\_ 20 \_\_\_\_\_  
 Cash value \_\_\_\_\_  
 Dividend/Bonuses \_\_\_\_\_  
 Loan \_\_\_\_\_  
 Policy document fee \_\_\_\_\_  
 Overpayment \_\_\_\_\_  
 Net amount due \_\_\_\_\_

### NOTE:

If premiums are paid by salary deduction or bankers order, the deduction order should be cancelled /adjusted.

### PLEASE INDICATE THE FOLLOWING

Your employer's / Bank Name \_\_\_\_\_

Personal no. / Bank account no. \_\_\_\_\_

Department / Bank branch \_\_\_\_\_ and ministry / institution \_\_\_\_\_