

Group Insurance Surrender Form

Group Policy Number

Plan Name

Employer/Group Name

Contact Number

Email Address

Member Details

Full Name

Membership/Employee No.

Date of Birth

Address

Reason for Surrender

Bank Details for Payment (if applicable)

Account Name

Bank Name

Account Number

IFSC/Swift Code

I confirm that the above information is true and request the surrender of my group insurance policy as detailed above.

Signature of Member

Date

Authorized Group Representative (if required)