



Surrender/Cancellation Form

Policy Number

Please Note that besides being a breach of contract, the cancellation of a policy before the agreed Maturity/Expiry Date attracts penalties on the benefits payable.

I/we, the undersigned do hereby apply for the cancellation/surrender of the above policy with effect from I/we understand the implications of cancelling my/our policy before the Maturity/Expiry date and acknowledge that it may not be in my/our best interest to terminate the policy.

I/we declare that:

- a) I/we am/are the legal owner(s) of the abovementioned policy
- b) I/we have not ceded or pledged the said policy to anyone.

Dated at.....this day of 20

Name of Life Assured (1)..... Signature

Name of Life Assured (2)..... Signature