



Questionnaire to be submitted with surrender application/ Discharge form

Policy no- _____ **Name of life assured:-** _____

Date of surrender:-

(Kindly, select only one option for each question)

Question No	Question	options
1	Are you aware that surrender of LIC policy means losing life cover and financial loss to you?	1. Yes
		2. No
2	Reasons for surrender of the LIC policy?	1. Urgent financial need
		2. Not satisfied with terms and conditions of the plan
		3. Not satisfied with service
		4. Any other reason
3	Whether surrender amount is being invested in any other LIC product?	1. Yes
		2. No

I hereby declare that I have understood the surrender value calculation fully and signing the discharge form after understanding the same.

Signature of life assured

Name of life assured:-

Mobile/ contact number:-
