

**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** | **Option(s)** |
| **1.** | **Are you aware that surrender of LIC policy means losing life cover and financial loss to you ?** | 1. **YES**
 |
| 1. **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 signed the discharge form after understanding the same.**

**Signature of the Life Assured**

**Name of Life Assured : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. / Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**