#TPLLIfe SURRENDER REQUEST FORM						
Policy Owne	r:					
Life Propose	d:					
Policy No:	Address.		Plan Name:			
Corresponde	ence Address:					
Contact No:			Email:			
Bank Name:			Account No:			
Surrender Type						
Policy Surrender Ad-hoc Surrender						
_	Partial Policy W		ō		hoc Withdra	awal
Amount in Figures PKR:  Amount in Words						
Reason for Policy Surrender / Ad-hoc Surrender / Policy Partial / Ad-hoc withdrawal						
	Financial Proble	m	☐ Poor Services from Agent			
	, 6		Agent is no longer with the company			
	Other (Specify):					
Zakat Deduction						
I / We Wish to claim exemption of Zakat. The relevant sworn statement is attached						
L/ We do not Wish to claim exemption of 7akat. L/ We understand that a sum equivalent to 2.5% of amount						
payable has to be deducted as zakat.						
Declaration						
I acknowledge that the payment of the requested amount will discharge TPL Life Insurance Limited (formerly Dar ES Salaam Textile Mills Ltd.) from all liabilities and responsibilities under this withdrawal request. I also understand that by Permanent Withdrawal, my cover under the plan will terminate and I will not be entitled to any payment out of as claim. I certify that I am entitle to the proceeds of this plan and the plan has not been assigned or transferred, nor any other person has right to claim the plan. I hereby confirm that the information provided above is accurate and correct.						
Policy Owner's Signature with Date  Life Proposed's Signature with Date						
Folloy Owner 3 Signature with Date						
Name of Witness:						
NIC No: (Witness)						
Address:						
Contact No:						
Signature of Witness:						
Policy Surrender / Partial withdrawal charges						
	Plan	Year 1	Year 2	Year 3	Year 4	Year 5
Master Prog	ressive			25%	Nil	
Master High Ride			25%	5%		
Ultimate Protection Not Allowed			Nil	Nil		
Ultimate Saving			t Allowed	Nil	Nil	Nil
Rock Solid				Nil	Nil	
Grand Plan				Nil	Nil	

Nil

Zaryab Plan