SURRENDER REQUEST FORM

Policy Owner: _____
Life Proposed: _____
Policy No: _____ Plan Name: _____
Correspondence Address: _____

Contact No: _____ Email: _____
Bank Name: _____ Account No: _____

Surrender Type

☐ Policy Surrender   ☐ Ad-hoc Surrender
☐ Partial Policy Withdrawal   ☐ Partial Ad-hoc Withdrawal

Amount in Figures PKR: _____
Amount in Words _____

Reason for Policy Surrender / Ad-hoc Surrender / Policy Partial / Ad-hoc withdrawal

☐ Financial Problem   ☐ Poor Services from Agent
☐ Unsatisfactory growth   ☐ 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

☐ I / We do not Wish to claim exemption of Zakat. I / 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 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

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 Progressive			25%	Nil	
Master High Ride			25%	5%	
Ultimate Protection	Not Allowed		Nil	Nil	Nil
Ultimate Saving			Nil	Nil	
Rock Solid			Nil	Nil	
Grand Plan			Nil	Nil	
Zaryab Plan	Nil				