

POLICY DISCONTINUANCE REQUEST FORM

Date: \_\_\_\_\_

Sub: Request for discontinuance of policy.

I \_\_\_\_\_, holder of life insurance policy, bearing number \_\_\_\_\_, would like to Discontinue my policy. I am fully aware that I will not be entitled to any policy benefit after Discontinuing it. I will only receive the Discontinuance Policy fund value after deduction of Applicable charges, upon completion of the fifth policy year.

Signature of Policy Holder