



**། འབྲུག་ཀྲུལ་ཉེན་སྲུང་ལས་འཛིན་ཚོད།**  
**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**R I C B**

*Your partner for growth and security”*

**Surrender Form for Deferred Annuity**

Date.....

1. Name of the Policyholder/Annuitant:.....
2. CID No.....Mobile No.....
3. Policy No.....Customer No.....
4. Date of Commencement of policy (dd/mm/yy).....
5. Annuity Premium Nu.....
6. Mode of payment of premium (Tick) Monthly/Quarterly/Half yearly/Yearly/Single lumpsum
7. Total no.of annuity premium paid (excluding life insurance premium) Nu.....
8. Reason for Surrender.....
9. Surrender Value Nu.....

I would like to surrender and terminate the aforesaid policy and agree to the above mentioned surrender value that will be paid to me. I understand that on payment of surrender value my policy along with associated benefit will cease to exist.

**Declaration**

I hereby submit that I am the policyholder/guardian/parent of the above specified policy and that the details provided above are true and correct to the best of my knowledge.

Signature of the Policyholder/guardian/parent

Witness Signature.....

Name.....  
 CID No.....  
 Address.....  
 Contact No.....

Name.....  
 CID No.....  
 Address.....  
 Contact No.....

**Mandatory Documents Required for Processing Surrender**

1. Original policy document
2. A copy of valid CID



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**R I C B**

*Your partner for growth and security”*

**Surrender Form for Immediate Fixed Term Annuity (IFTA)**

Date.....

1. Name of the Policyholder:.....
2. CID No.....Mobile No.....
3. Policy No.....Customer No.....
4. Date of Commencement of policy (dd/mm/yy).....
5. Term of the policy.....years
6. Annuity Premium Nu.....
7. Mode of annuity payment (Tick) Monthly/Quarterly/Half yearly/Yearly/Maturity
8. Amount of annuity installment Nu.....
9. Reason for Surrender.....
10. Surrender Value Nu.....

I would like to surrender and terminate the aforesaid policy and agree to the above mentioned surrender value that will be paid to me. I understand that on payment of surrender value my policy along with associated benefit will cease to exist.

**Declaration**

I hereby submit that I am the policyholder of the above specified policy and that the details provided above are true and correct to the best of my knowledge.

Signature of the Policyholder

Witness Signature.....

Name.....  
 CID No.....  
 Address.....  
 Contact No.....

Name.....  
 CID No.....  
 Address.....  
 Contact No.....

**Mandatory Documents Required for Processing Surrender**

1. Original policy document
2. A copy of valid CID