Life Insurance Division
Deferred Annuity Surrender form

Date: DD/MM/YYYY

Sl #	Details				
1	Policy Number				
2	Date of Commencement				
3	Annuity Premium				
4	Total Premium Paid (excluding life insurance premium)				
5	Surrender Value				
6	Reason for surrender				
7	Bank Account Number		Bank Name		

Check List					
1	Policy document	Yes		No	
2	CID Copy of the Policyholder	Yes		No	

Signature of Policyholder/Guardian /Parent		Signature of Witness	
Name		Name	
Address		Address	
CID No.		CID No.	
Contact No.		Contact No.	

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/ YYYY	KYC completed	Yes ☐ No ☐
Verified by:	Signature				
	Name				
	EID No				