Life Insurance Division
Immediate Fixed Term Annuity Surrender form

Date: DD/MM/YYYY

Sl #	Details			
1	Policy Number			
2	Date of Commencement			
3	Annuity Premium			
4	Term of the policy			
5	Amount of annuity installment			
6	Surrender Value			
7	Reason for surrender			
8	Bank Account Number		Bank Name	

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

Signature of Policyholder		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				