

Policy Surrender Instruction Form

All information given will be treated in the strictest confidence. Please complete this form in BLOCK CAPITALS.



Section 1 -

I wish to surrender the following policy/policies:

Policy Number(s):

Policyholder(s):

Date of request:

You may use this form for more than one policy, providing they are held in the same name(s).

Section 2 - Your details (First Named Policyholder)

Title: Mr/Mrs/Miss/Other

Forename(s):

Surname:

Permanent residential address:

Date of Birth:

Telephone Home:

Mobile:

Postcode:

Joint Policy:

Yes:

No:

Section 3 - Payment

I would like you to send me a cheque for the surrender value

I would like you to send me a bank transfer for the surrender value using my bank details below

Please note that cheques and bank transfers cannot be made to third parties - a payment will only be made to the policyholder/s

Account Name

Sort Code

Account Number

Section 4 - Enclosures

I have enclosed my original policy schedule

OR

I declare that the policy document relating to the above policy has been lost and request that Sheffield Mutual pay the maturity value of the policy without production of the policy document

The Society will not be held liable by me or any other party for any payment before we were notified of the loss.

The policy document was reported lost on

I undertake to return the original document to the Society if it is subsequently found.

Section 5 - Signature of Policyholder(s) or Proposer

(In the case of a joint policy both policyholders must sign. If the policy has a proposer, the proposer must sign)

Signed First Policyholder/
Proposer

Date

Signed Second
Policyholder (if applicable)

Date



www.sheffieldmutual.com

Online chat available



Call our team

01226 741 000

Calls may be monitored and recorded for your protection.

Opening hours: 9am-5pm Mon-Fri



Email us

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