



# Policy Surrender Instruction Form



Sheffield Mutual Est. 1892

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

## 1. I wish to surrender the following policy/policies:

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

Policy Number(s):

Policyholder(s):

  

## 2. Your details (First Named Policyholder) or Proposer (if applicable)

Title:

Forename(s):

Surname:

Permanent residential address:

Date of birth:

Home phone:

Mobile:

Email:

Postcode:

Joint Policy:

Yes:

No:

Please provide both policyholder's names in section 1.

## 3. Payment

Send me a bank transfer 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)

Send me a cheque

Send this as a 'faster payment' (same day) and accept that a £3 charge will be deducted from my surrender value

Name as stated on card

Sort Code

Bank/Building Society account number

## 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 surrender 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 agree to return the original document to the Society if it is subsequently found.

## 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

For office use only



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Call our team on **01226 741 000**

Calls may be monitored and recorded for your protection

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