



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

SOUTHERN ZONAL OFFICE  
CHENNAI - 600 002.

**CONSENT LETTER**

I \_\_\_\_\_ hereby give my consent to surrender my  
Policy No. \_\_\_\_\_ and receive the surrender amount of  
Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

\_\_\_\_\_ )  
towards full settlement.

I will not opt for Retnstatement of the said policy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**SIGNATURE OF THE ANNUITANT.**