## **TATIL LIFE ASSURANCE LTD** 11 Maraval Road, Port of Spain Trinidad and Tobago, W.I.

## SURRENDER QUESTIONNAIRE



Policy No.: Type of Policy:	
1	Name: Age:
1. 2. 3.	Were you advised to Surrender? YES NO What is the main reason for Surrender? (Please tick the most appropriate box)  a) Retired b) Other investments c) Dissatisfied with agent's service d) Financial e) Dissatisfied with policy f) Replacement/transfer of monies g) Education h) Loan too high i) Policy no longer needed/interested j) Migrated k) Unemployed l) Surrendered by Bank
	m) Other  Please specify:  Do you have sufficient coverage to provide for your future? Yes No If NO to question four (4), how do you plan to provide for your future?
6.	Did the policy serve the purpose for which it was originally taken? Yes No Please specify:
7.	Are you aware of the following options available on this policy? (Please tick all relevant boxes)  Policy Loan Reduction in Premium Reduction of Sum Insured Reduced Paid Up Vesting of Policy Withdrawal on Accumulation Premium Holiday Withdrawal of Bonus
8.	On a scale of 1 –10, with 10 being the highest, how would you rate our service?  1 2 3 4 5 6 7 8 9 10  Fair Good Excellent
9.	What recommendation/s would you make to TATIL for the future?
	Signature of Policy Owner  Date (dd/mm/yyyy)

## For Official Use Only

**Comments** 

## A) Attending Agent / CSR: Cash Surrender Value Date (dd/mm/yyyy) Print Name Signature B) Conservation Officer: Print Name Signature C) Manager / Executive: Print Name Signature