

Reinstatement of Benefit

Date:

Policyholder Name:

Policy Number:

Dear Sir/Madam,

I hereby request the reinstatement of my benefit under the above-mentioned policy. Please find the required details below:

- Date of Lapse:
- Reason for Lapse:

I confirm that all outstanding premiums and any additional requirements will be provided as requested. Kindly process my application for reinstatement at your earliest convenience.

Sincerely,

Signature