



Cancellation Request Form

Instructions

1. Complete all information.
(Incomplete forms will get delayed)
2. Include all support documentation for payoff, voided sale, total loss, etc.

3a. Outside Quebec – mail to:
iA Dealer Services, Administration
PO Box 5900, Vancouver, BC V6B 5H6
or Fax to: 1 888 444-0697
or Email to: admin.iads@ia.ca
Questions? 1 800 663-9498

3b. Quebec – mail to:
iA Dealer Services, Administration
1000 Du Lux Street, Suite 601, Brossard, QC, J4Y 0E3
or Fax to: 1 450 671-2525
or Email to: cancellation.iasc@ia.ca
Questions? 1 877 671-9009

Customer information

Buyer Last Name		Buyer First Name	
<input type="text"/>		<input type="text"/>	
Co-Buyer Last Name		Co-Buyer First Name	
<input type="text"/>		<input type="text"/>	
Telephone		Email	
<input type="text"/>		<input type="text"/>	
VIN (Last six digits)	KM (If available)	Dealership Name	Purchase Date (yyyy-mm-dd)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Product(s) to cancel*

<input type="checkbox"/> Extended Warranty <input type="checkbox"/> Debt Waiver <input type="checkbox"/> GAP <input type="checkbox"/> Replacement Warranty/Insurance <input type="checkbox"/> SAL Finance (Outside Quebec)	Contract # Contract # _____ Contract # _____ Contract # _____ Contract # _____ Contract # _____	Certificate # Creditor Certificate # _____ Coverages to cancel: <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Disability <input type="checkbox"/> Life and Involuntary Unemployment (Quebec) <input type="checkbox"/> Disability and Involuntary Unemployment (Outside Quebec) <input type="checkbox"/> All For the following requester(s): <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both
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Reason for cancellation

Total loss (proof of loss must be provided)
 Customer request
 Other _____

Loan status

Paid (Release letter from lienholder required)
 Not paid (any refund cheque will be payable to lienholder & customer)
 Loan # _____
 Other _____

The release letter must meet the following criteria; Official letter from your lienholder with the VIN#, your name/address, date of payout and confirmation your loan is "closed" and/or the "lien released". Please note that we do not accept bank screen shots, bank statements, receipts, ATM slips or stamped cheques as proof of loan closure.

Cheque payable to

Name _____

Street Address _____ City _____ Province _____ Postal Code _____

Customer signature

I/We authorize Industrial Alliance Insurance and Financial Services Inc. to contact the Finance Source to confirm the payout of the loan.

X Buyer/lessee signature _____
 X Co-buyer signature (if applicable) _____
 Date (yyyy-mm-dd) _____

Disclaimer

All incomplete requests, missing information or support documentation, will delay refund. All cancellation requests should be faxed, e-mailed or mailed and will be processed in order by date received. If proper release letter is not attached, the refund cheque will be made payable to the finance source and the insured(s) (if applicable). If your premium is financed by SAL Finance*: Once we received your cancellation form for SAL Finance/Product, we will cancel the SAL Finance contract and the coverage which you have purchased with the SAL Finance loan. Any coverage refund will be applied to the debt balance as well as if there are any NSF fees accrued (if applicable). As well, any claims amount paid out on your coverage will be taken into account on the remaining balance upon cancellation.

* Eligibility of cancellation requests are subject to the terms and conditions of your certificate or contract. Please refer to the terms and conditions in your contract or certificate.