



CANCELLATION

Please fill out this form, sign it and send it to:
Industrial Alliance Insurance and Financial Services Inc.
9150, boul. Leduc, suite 601
Brossard (Quebec) J4X 1C2
Toll Free: 1-877-671-9009
Fax: 450-671-5499
Email: cancellation@ia.ca

Dealer: _____

Customer's name: _____ Policy number: _____

Date of purchase: _____
mm/dd/yyyy

DECLARATION

I, the undersigned, hereby confirm my intention to cancel the above mentioned Replacement Insurance policy, effective _____ (mm/dd/yyyy).

I consent to making the reimbursement cheque payable to (upon receipt of all applicable documents):

Signature of the insured: _____

Date: _____
mm/dd/yyyy

Keep this copy in customer's file.