CANCELLATION REQUEST

9150, Boul. Leduc, Suite 601,
Brossard, QC, J4Y 0E3
Toll free: 1 855 766-8239

Date: *Number of pages (included this one):*

Name of insured:	*Certificate number:*
Name of retailer:	*Contact person:* *Phone:*

PLEASE CHOOSE ONE OF THE FOLLOWING REASONS FOR YOUR CANCELLATION AND INCLUDE THE REQUESTED DOCUMENTS:

❑ **I wish to cancel for personal reasons and please find enclosed:** ***(The refund will be applied against the loan)***

✓ Insurance certificate copy **AND** **Check the insurance you wish to cancel**

❑ Life (simple) – *Loss of employment included if applicable*
❑ Life (joint coverage) *Loss of employment included if applicable*
❑ Disability (simple)
❑ Disability (joint coverage)
❑ Critical illness (simple)
❑ Critical illness (joint coverage)

❑ **Loan was paid and please find enclosed:**
- ✓ Insurance certificate copy **AND**
- ✓ Proof of payout **OR**
- ✓ A copy of the payout cheque made by the retailer with a loan statement provided by the Finance source showing the remaining balance of the loan.

❑ **My vehicle is declared a total loss and please find enclosed:**
- ✓ Insurance certificate copy **AND**
- ✓ Proof of payout **OR**
- ✓ A copy of the payout cheque made by the retailer and/or the insurer with a document provided by the Finance source showing the remaining balance of the loan **AND**
- ✓ Compensation claim

❑ **Other reason:** _____

PLEASE MAKE REFUND CHEQUE PAYABLE TO:

_____
Name

(_____)_____
Phone number

_____
Address

_____
City

_____
Province Postal Code

I/We understand that this information may be exchanged with the retailer (Policyholder) for purposes of cancellation.

_____
Signature of debtor

_____
Signature of co-debtor

Incomplete or lack of information will cause a delay in the processing of your application. It takes approximately 4 weeks to receive a refund if applicable.

IMPORTANT
- ➢ Cancellation fees will be charged if the request is made after 20 days of the date of entry into force.
- ➢ We will deduct from the refund all disability benefits already paid if applicable.

Please send your documents by fax: (450) 671-2525 or (450) 465-1663
Or scan and send to: cancellation@ia.ca

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