



Request for refund – Payment to dealership

Dealer must be an active iA DS Dealer

Please supply the following information

I/We _____
have requested (Dealership name) _____
to cancel my/our certificate/policy/contract # _____
as of (Date (yyyy-mm-dd)) _____ and have subsequently received \$ _____ * as the appropriate surrender value.

**Please note that all applicable fields on this form must be completed. If the amount of dollars received is not indicated, Industrial Alliance Insurance and Financial Services Inc. reserves the right to fill in the surrender value calculated per the terms and conditions of your certificate/policy/contract as at the date the form was signed.*

I/We understand that this information may be exchanged with the Creditor/Group Policyholder for purposes of cancellation. I/We authorize Industrial Alliance Insurance and Financial Services Inc. to contact the financing source to confirm repayment of the loan. **In the event that the Creditor still has an outstanding balance due on this insurance, the dealership will be responsible for this amount. I/We authorize Industrial Alliance Insurance and Financial Services Inc. to refund the applicable amount.**

Payable to the dealer:

In case of lease transfer, the reimbursement will be made directly to the creditor.

X

Signature (Insured Debtor) _____ Telephone Number _____ Date (yyyy-mm-dd) _____

X

Signature (Insured Co-debtor) _____ Telephone Number _____ Date (yyyy-mm-dd) _____

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