

REQUEST FOR CANCELLATION OF CREDIT PROTECTION

IWS CREDITOR GROUP
1100-140 Fullarton Street, London, ON N6A 5P2
PH: (800) 862-7184 FX: (888) 341-4888

A. INSURED DEBTOR / CO-DEBTOR INFORMATION. Please complete in full.

Insured Debtor Name _____ Contact Phone No (____) _____

Insured Co Debtor Name _____ Contact Phone No (____) _____

Certificate Number WLC - _____

Coverage to be Cancelled Life Total Disability Accidental Disability Advantage Critical Illness

Reason for Cancellation _____

B. REFUND (if applicable). Please choose one of the following options and provide the subsequent information required for processing.

Refund to CREDITOR

The following information is required to process refund to creditor:

• Creditor Name and Address _____

• Loan Number (to be obtained from creditor) _____

Refund to INSURED DEBTOR / CO-DEBTOR *Note: Only available if the loan is paid out.

The following information is required to process refund to customer:

• Proof of Loan Payout (attach document - to be obtained from creditor) *Note: This document must show the date the loan was paid out.

• Current Mailing Address _____

Refund to DEALERSHIP *Note: Available where Dealership has paid out loan in a trade situation.

The following information is required to process refund to dealership:

• Proof of Loan Payout (attach document - to be obtained from creditor) *Note: This document must show the date the loan was paid out.

• Dealership Name and Address _____

C. INSURED DEBTOR / CO-DEBTOR AUTHORIZED SIGNATURE. Please read and sign below.

I/We understand that, by submitting this request of cancellation, I/We forfeit the rights to the coverage provided by the above mentioned policy. In the event of death, disability or loss of employment, I/We am/are wholly liable for the repayment of this indebtedness. I/We also understand that this request, and any applicable refund, will be processed 2-4 weeks from the date that all required documentation is received by IWS Creditor Group.

Insured Debtor Signature

Insured Co-Debtor Signature

Date

D. SEND THIS CANCELLATION FORM (with Proof of Payout where applicable) AND A COPY OF THE CERTIFICATE OF INSURANCE BY MAIL OR FAX (see top of page).