

REQUEST FOR CANCELLATION OF CREDIT PROTECTION

Loan Armour Insurance Solutions Inc.
1100-140 Fullarton Street, London, ON N6A 5P2
PH: (833) 904-0055
Cancellations@armourgrp.ca

STEP 1: INSURED DEBTOR / CO-DEBTOR INFORMATION

Please complete in full.

Insured Debtor Name _____ Contact Phone No (____) _____

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

Certificate Number _____

Coverage to be Cancelled Life Total Disability Accidental Disability Advantage
 Critical Illness Accidental Disability* Simplify 4-in-1

*(Only Accidental Disability applies to CFF-032018)

Reason for Cancellation _____

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, critical illness 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 Loan Armour Insurance Solutions Inc.

Insured Debtor Signature

Insured Co-Debtor Signature

Date

STEP 2: REFUND

Please choose one of the following options and provide the required information listed

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 The following information **is required** to process refund to customer:

*Note: Only available if the loan is paid out.

• **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 The following information **is required** to process refund to dealership:

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

• **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** _____

STEP 3: SUBMIT TO LOAN ARMOUR INSURANCE SOLUTIONS INC.

Please scan & email this cancellation form including any supporting documents and a copy of the certificate of insurance to: Cancellations@armourgrp.ca

If email is unavailable send by mail to: *Loan Armour Insurance Solutions Inc.,
1100-140 Fullarton Street, London, ON N6A 5P2*