

REQUEST FOR CANCELLATION OF CREDIT PROTECTION

Loan Armour Insurance Solutions Inc.
495 Richmond Street, Suite 300, London, ON N6A 5A9
PH: (833) 904-0055 FX: (888) 341-4888
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 _____ VIN # _____
 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 by 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 fax: 1(888)341-4888 or by mail to: Loan Armour Insurance Solutions Inc.,
495 Richmond Street, Suite 300, London, ON N6A 5A9