

Waiver of Creditor’s Group Insurance Coverage

I/We acknowledge that I/We have been given the opportunity to enrol for the creditor’s group insurance coverage specified below (the insurance). I/We understand that the insurance is designed to protect me/us from the impact of an unforeseen life event (that is, death, disability, critical illness or involuntary loss of employment) and that the insurance will pay the remaining balance of, or make payments on, my/our vehicle loan/lease, subject to the terms and conditions of the applicable creditor’s group insurance policy.

After having been presented with the opportunity to enrol for the insurance, I/we confirm that I/we have declined or I/we am/are not eligible to enrol for the insurance.

Coverage Waived	Initials – Applicant 1	Initials – Applicant 2
Declines Life Insurance		
Declines Disability Insurance		
Declines Critical Illness Insurance		
Declines Loss of Employment Insurance		

Authorizing Signature(s)	
Signature(s):	
Applicant 1: _____ (Print your name and sign)	Date: _____ mm/dd/yyyy
Applicant 2: _____ (Print your name and sign)	Date: _____ mm/dd/yyyy