REQUEST FOR REFUND —

INSURED DEBTOR / CO-DEBTOR INFORMATION Please complete in full.
I/We, , wish to cancel certificate #
I/We, &, wish to cancel certificate #, lnsured Debtor Insured Co-debtor (if applicable)
purchased through on Date
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Coverage to be cancelled: Life Critical Illness Disability Loss of Employment
REFUND 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 Loan Number (to be obtained from creditor)
Creditor Address
Refund to Insured Debtor/Co-debtor (only available if loan is paid out) The following information is required to process refund to customer:
Current Mailing Address
Please attach proof of loan payout: Cheque copies and/or cheque receipts are insufficient proof of loan payout. Finance institutions require a letter originating from your finance source outlining the details of the loan and the date that it was paid out.
Refund to Dealership (available where dealership has paid out loan in a trade situation) The following information is required to process refund to dealership:
Dealership Name and Address
Creditor Address
Please attach proof of loan payout: Cheque copies and or cheque receipts are insufficient proof of loan payout. Finance institutions require a letter originating from your finance source outlining the details of the loan and the date that it was paid out.
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 certificate. In the event of death, critical illness, total disability or involuntary loss of employment, I/We am/are wholly liable for the repayment of this indebtedness, if the loan has not yet been repaid in full to the Creditor. 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 LGM Financial Services Inc. I/We also understand that if the cancellation date is more than 30 days after the effective date of insurance, an administrative fee of one hundred dollars (\$100) will be deducted from any refund.
Insured Debtor Signature

PLEASE FAX THIS FORM AND A COPY OF YOUR CERTIFICATE TO LGM FINANCIAL SERVICES INC. AT: 1.800.510.7605

