

## Cancellation for Optional and Voluntary Creditor's Group Insurance Single Premium – Carefree/Essential/Essential Plus

INSURED DEBTOR/CO-DEBTOR INFORMATION			
Insured Debtor:		Date of Birth (mm/dd/yyyy):	
Insured Co-Debtor:		Date of Birth (mm/dd/yyyy):	
Certificate #:		Insurance Effective Date (mm/dd/yyyy):	
GROUP POLICYHOLDER or DEALERSHIP INFORMATION			
Creditor's Group Insurance Policy Number:	Group Policyholder:		
CANCELLATION INFORMATION:		Cancellation Date (mm/dd/yyyy):	
Plan to be Cancelled:	<input type="checkbox"/> Carefree*	<input type="checkbox"/> Essential	<input type="checkbox"/> Essential Plus
*Note: All insurance coverage will be cancelled			
REFUND – Please choose one of the following options and provide the subsequent information required for processing.			
<input type="checkbox"/>	<b>Refund to Creditor</b> The following information is required to process refund to creditor:		
_____	_____		
Creditor Name	Loan # (to be obtained from creditor)		
Creditor Address			
<input type="checkbox"/>	<b>Refund to Insured Debtor/Co-debtor (only available if loan is paid out)</b> The following information is required to process refund to customer:		
Current Mailing Address			
<b>Please attach proof of loan payout:</b> 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.			
<input type="checkbox"/>	<b>Refund to Dealership (available where dealership has paid out loan in a trade situation)</b> The following information is required to process a refund to dealership:		
Dealership Name and Address			
Creditor Address			
<b>Please attach proof of loan payout:</b> 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			
For Quebec Residents: Pursuant to section 441 of the Act respecting the distribution of financial products and services, I/we hereby rescind insurance certificate number: _____			
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 (applicable only to Carefree), 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 Group Insurance Administrative 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	Insured Co-Debtor Signature (if applicable)	Date (mm/dd/yyyy)	
<b>Please send the completed form and a copy of your certificate by email to <a href="mailto:service@lgm.ca">service@lgm.ca</a> or by fax to 1-800-510- 7605 along with proof of payout (if applicable).</b>			