



2165 Broadway W PO Box 5900, Vancouver, BC, V6B 5H6

Customer Cancellation at Dealership

Please print in ink

Please Supply the Following Information

I/We _____

have requested _____ **(Dealership Name)***

to cancel my/our Certificate of Insurance # _____ as of _____ **(Date)** and have subsequently

received \$ _____ as the appropriate surrender value.

* Dealer must be an ACTIVE SAL Dealer

Please Give Us Your Authorization to Refund the Applicable Amount to the Dealer

Signature (Insured Debtor)

Telephone Number

(DD/MMM/YYYY)

Signature (Insured Co-Debtor)

Telephone Number

(DD/MMM/YYYY)