



# Waiver of Disability Insurance



**Please Complete**

This certifies the undersigned has been granted the opportunity to participate in the Creditor Group Protection offered by this dealership and underwritten by the Industrial Alliance Pacific Insurance and Financial Services Inc. This is designed to protect the debtor and his/her family in the event of his/her Sickness or Accident during the term of his/her indebtedness. It is further understood this offer of protection cannot be extended or repeated.

After careful consideration, I hereby certify that **I do not** wish to exercise the privilege of protecting myself and my family with this coverage.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date* ( D D / M M M / Y Y Y Y )



# Waiver of Disability Insurance



**Please Complete**

This certifies the undersigned has been granted the opportunity to participate in the Creditor Group Protection offered by this dealership and underwritten by the Industrial Alliance Pacific Insurance and Financial Services Inc. This is designed to protect the debtor and his/her family in the event of his/her Sickness or Accident during the term of his/her indebtedness. It is further understood this offer of protection cannot be extended or repeated.

After careful consideration, I hereby certify that **I do not** wish to exercise the privilege of protecting myself and my family with this coverage.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date* ( D D / M M M / Y Y Y Y )



# Waiver of Life Insurance



**Please Complete**

This certifies the undersigned has been granted the opportunity to participate in the Creditor Group Protection offered by this dealership and underwritten by the Industrial Alliance Pacific Insurance and Financial Services Inc. This is designed to protect the debtor and his/her family in the event of his/her death during the term of his/her indebtedness. It is further understood this offer of protection cannot be extended or repeated.

After careful consideration, I hereby certify that **I do not** wish to exercise the privilege of protecting myself and my family with this coverage.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date* ( D D / M M M / Y Y Y Y )



# Waiver of Life Insurance



**Please Complete**

This certifies the undersigned has been granted the opportunity to participate in the Creditor Group Protection offered by this dealership and underwritten by the Industrial Alliance Pacific Insurance and Financial Services Inc. This is designed to protect the debtor and his/her family in the event of his/her death during the term of his/her indebtedness. It is further understood this offer of protection cannot be extended or repeated.

After careful consideration, I hereby certify that **I do not** wish to exercise the privilege of protecting myself and my family with this coverage.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date* ( D D / M M M / Y Y Y Y )