



AUTO AND HOME INSURANCE INC.

CANCELLATION

Please fill out this form, sign it and send it to:
Industrial Alliance Pacific Insurance and Financial Services Inc.
4255 Boul Lapinière suite 220
Brossard QC J4Z 0C7
Fax: 1-877-956-9563

Dealer: _____

Customer's name: _____ Policy number: _____

Date of purchase: _____
mm/dd/yyyy

DECLARATION

I, the undersigned, hereby confirm my intention to cancel the above mentioned Replacement Insurance policy, effective _____ (mm/dd/yyyy).

I consent to making the reimbursement cheque payable to (upon receipt of all applicable documents):

Signature of the insured: _____

Date: _____
mm/dd/yyyy

Keep this copy in customer's file.