



# REQUEST FOR REFUND

I/We \_\_\_\_\_, wish to cancel the following insurance coverage under

- Certificate # \_\_\_\_\_ :
- ALL insurance coverages
  - Monthly Decreasing Term Life & Residual Value Life
  - Monthly Decreasing Term Critical Illness & Residual Value Critical Illness
  - Sickness & Accident Disability
  - Accidental Plus Disability

This Insurance was purchased on \_\_\_\_\_ from \_\_\_\_\_  
DATE (DD/MM/YYYY) NAME OF DEALERSHIP

**Please choose one of the following reasons for your cancellation:**

- A.**  You wish to cancel your insurance only – Your loan is still in place with your Financial Institution.  
**Note: Any surrender value will be sent to your Financial Institution to be credited towards your loan.**
- Required Information if you have chosen Option A:**

Name of Financial Institution			
Mailing Address	City	Province	Postal Code
Phone Number ( )	Fax Number ( )		

- B.**  Loan was refinanced on \_\_\_\_\_ 20\_\_\_\_\_.
- C.**  Loan was paid in full on \_\_\_\_\_ 20\_\_\_\_\_ as per the attached proof of payout.

**IMPORTANT For B & C: If proper proof of payout is not attached, the refund cheque will be made payable to the Insured(s) and the Finance Source. A copy of the payout cheque or receipt for that cheque is insufficient proof.**  
 We are obliged by the Financial Institution to require a letter originating from your finance source, providing details of the loan for cross-referencing purposes, and stating the date the loan was paid out or refinanced

- D.**  Other reason:
- \_\_\_\_\_
- \_\_\_\_\_

**Required Information if you have chosen Option B, C or D (if applicable):**

Please Make Refund Cheque Payable to:			
Mailing Address	City	Province	Postal Code
Phone Number ( )	Fax Number ( )		

**If coverage is joint, signatures of all debtors are required.**

I/We authorize Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP") to contact the Finance Source to confirm the payout of the loan.

Signature of Insured \_\_\_\_\_ Signature of Insured \_\_\_\_\_ Date of Request \_\_\_\_\_

Please forward this completed form and a copy of your certificate to:  
**SAL Group, Industrial Alliance Pacific Insurance and Financial Services Inc.**  
 P.O. Box 5900, 2165 West Broadway, Vancouver, BC V6B 5H6  
 Tel: (604) 737-9374 Toll-Free: 1-800-665-4458 Fax: (604) 734-4978

**For IAP Use Only:** Cheque ID: \_\_\_\_\_

**1st COPY – IAP Head Office      2nd COPY – Creditor      3rd COPY – Customer**