



# CANCELLATION REQUEST

8840, Taschereau West blvd.  
Brossard (QC) J4X 1C2  
Toll free: 1 855 766-8239

Date:

Number of pages (included this one):

Name of insured:	Certificate number:
Name of retailer:	Contact person: Phone:

**PLEASE CHOOSE ONE OF THE FOLLOWING REASONS FOR YOUR CANCELLATION AND INCLUDE THE REQUESTED DOCUMENTS:**

**I wish to cancel for personal reasons and please find enclosed: (The refund will be applied against the loan)**

Insurance certificate copy **AND** Check the insurance you wish to cancel

- |  |  |
|--|--|
| <input type="checkbox"/> Life (simple)             | <input type="checkbox"/> Life (joint coverage)             |
| <input type="checkbox"/> Disability (simple)       | <input type="checkbox"/> Disability (joint coverage)       |
| <input type="checkbox"/> Critical illness (simple) | <input type="checkbox"/> Critical illness (joint coverage) |

**Loan was paid and please find enclosed:**

- Insurance certificate copy **AND**
- Proof of payout **OR**
- A copy of the payout cheque made by the retailer with a loan statement provided by the Finance source showing the remaining balance of the loan.

**My vehicle is declared a total loss and please find enclosed:**

- Insurance certificate copy **AND**
- Proof of payout **OR**
- A copy of the payout cheque made by the retailer and/or the insurer with a document provided by the Finance source showing the remaining balance of the loan **AND**
- Compensation claim

**Other reason:** \_\_\_\_\_

**PLEASE MAKE REFUND CHEQUE PAYABLE TO:**

_____ Name	_____ Address
(_____) _____ Phone number	_____ City
	_____ Province
	_____ Postal Code

I/We understand that this information may be exchanged with the retailer (Policyholder) for purposes of cancellation.

\_\_\_\_\_  
Signature of debtor

\_\_\_\_\_  
Signature of co-debtor

***Incomplete or lack of information will cause a delay in the processing of your application. It takes approximately 4 weeks to receive a refund if applicable.***

**IMPORTANT**

- Cancellation fees will be charged if the request is made after 20 days of the date of entry into force.
- We will deduct from the refund all disability benefits already paid if applicable.

Please send your documents by fax: (450) 671-2525 or (450) 465-1663  
Or scan and send to: iavagcancellation@ia.ca