



REQUEST FOR CANCELLATION OF POLICY

Number: _____ Date: _____

New Business Application Reinstatement Application

Reason for cancellation: _____

I, _____, Policyowner of the above submitted application under review by the Company, kindly request and authorize the immediate discontinuation of that process and, if applicable, the refunding any monies paid* therewith.

***NB: Payments by cheque must be honored by the bank prior to any refunds(s) being issued**

Dated at: _____ This _____ Day of _____, 20 _____

Signature of Witness

Signature of Owner

Policy Number: _____

Rescinded Application

Reason for rescission: _____

OFFICE USE ONLY

Date Received: _____

Received by: _____

Date Processed: _____

Processed by: _____

Date completed: _____

Cash/cleared funds to refund Yes No

Refund Amount & cheque #: _____

Cheque mailed to Policyowner Yes No

Date: _____

Cheque collected and signed for by Policyowner Yes No

Date: _____

Client Service signoff: _____