

QC- Fairstone™ Monthly Insurance Cancellation for Personal Loans Customer Request Form

Borrower's Name: _____ Co-Borrower's Name: _____

Street Address: _____ City, Province, Postal Code: _____

Province/Branch Number: _____ Account Number: _____

Cancellation Request

Please cancel the insurance purchased as indicated below:

☐ Creditor Disability Insurance ☐ Creditor Involuntary Unemployment Insurance

☐ Creditor Life Insurance

Borrower's Signature: _____ Date: _____

*Co-Borrower's Signature: _____ Date: _____

*Both the borrower and the co-borrower **must** sign the request if they purchased joint coverage.

Reason for Cancellation:

Please select 1 reason as the primary reason for cancellation.

☐ Changed My Mind

☐ Product Not Properly Explained

☐ Told Not Optional

☐ Not Informed/Unaware I signed

Please note: If you are currently enrolled in pre-authorized debit (PAD) for your loan, payments will proceed as scheduled according to your signed PAD agreement. Withdrawals will occur at the same frequency specified in the said signed PAD agreement, however, the withdrawal amount will be less to reflect the removal of the cancelled insurance premium.

If you are eligible for a refund, it will be credited to your loan account if there is a balance owing. Otherwise, a refund cheque will be mailed to the address Fairstone has on file.

You may return the completed and signed form either by mail, by fax or hand back to your branch.

Mailing Address	Fax Number
Fairstone C/O Insurance Cancellation Group (TPS) 630 Rene-Levesque Blvd. West, Suite 1400 Montreal, QC H3B 4Z9	1(800) 381-8450

Call our Customer Service Department at 1 (800) 995-2274 if you have any questions.

FOR INTERNAL OFFICE ONLY

Branches must use Insurance Cancellation as scan direction on the MFD.

Initials of Transaction Processing Dept.: _____ Date: _____

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