



CANCELLATION

Please fill out this form, sign it and send it to:
Industrial Alliance Insurance and Financial Services Inc.
8840 boul. Taschereau,
Brossard (Quebec) J4X 1C2
Toll Free: 1-877-671-9009
Fax: 450-671-5499
iavagcancellation@ia.ca

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.