iA Financial Group

AF-CRE

Cancellation request

Name of policyholder: _____

Name of insured:
(if other than policyholder) _____

Name of irrevocable beneficiary
(if applicable): _____

Policy number(s): _____

I hereby wish to cancel my insurance policy(ies). I understand that the cancellation will take effect the day prior to the next automatic monthly premium withdrawal. I also understand that the Insurer must receive the cancellation notice five (5) business days before the next scheduled monthly premium withdrawal, and that no monthly premium is refundable.

_____ _____

Signature of the policyholder Date

_____ _____

Signature of irrevocable beneficiary (if applicable) Date

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