Fairstone™ Insurance Cancellation Customer Request Form

Borrower's Name:	Co-Borrower's Name:
Street Address:	City,Province,Postal Code:
Province/Branch Number:	Account Number:
Cancellation Request	
	ad as indicated halavu
Please cancel the insurance purchase	
Credit Disability	Job Loss/Credit Involuntary Unemployment Insurance
Credit Life	Contents
Borrower's Signature:	Date:
*Co-Borrower's Signature:	Date:
*Both the borrower and the co-borrow	er 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
	-
Vou mou roturn the constituted and along	and form form either by mail by fav or hand beat to your branch
<u> </u>	ned form form either by mail, by fax or hand back to your branch.
Mailing Address	Fax Number
Fairstone	1(800) 381-8450
C/O Insurance Cancellation G	'
630 Rene-Levesque Blvd. We	st, Suite 1400
Montreal, QC H3B 4Z9	
Call our Customer Service Department	at 1 (855) 882-7583 if you have any questions.
San dar Gasterner Gervice Beparament	at 1 (000) 002 1 000 ii you havo any quodione.
FOR INTERNAL OFFICE ONLY	tion on any dispution on the NATO
Branches must use Insurance Cancella	ition as scan direction on the MFD.
Initials of Transaction Processing Dept.:	: Date:
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