

**Fairstone™ Insurance Cancellation Customer  
Request Form**

Borrower Name: \_\_\_\_\_ Co-Borrower Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Province, Postal Code: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Cancellation Request**

*Please select the insurance(s) you wish to cancel*

- ☐ Credit Disability
- ☐ Job Loss/Credit Involuntary Unemployment Insurance
- ☐ Credit Life

**Reason for Cancellation**

*Please select one (1) reason as the primary reason for cancellation*

- ☐ Changed my mind
- ☐ Product not properly explained / Not properly informed
- ☐ Told not optional
- ☐ Other

**How cancellation will be applied to my loan**

*Please select (1) of the following options\*\**

- ☐ **Maintain** the same periodic payment amount and **reduce** the loan term
- ☐ **Lower** my periodic payment amount and **maintain** the same loan term

**\*\*Important:** that in the absence of a choice from you, Fairstone will keep the same periodic payment amount and therefore reduce the loan term.

**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 may be adjusted based on your selection of “*How cancellation will be applied to my loan*” indicated above.

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.*

### TO RETURN THE FORM

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

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

If you have any questions, please call our Customer Service Department at: 1 (866) 915-9423

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### FOR INTERNAL OFFICE ONLY

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

Initials of Transaction Processing Dept.: \_\_\_\_\_ Date: \_\_\_\_\_