

Rep Name: _____

Fax #: _____

Request for Refund

I/We _____ & _____ wish to cancel Certificate # _____
INSURED DEBTOR INSURED CO-DEBTOR (IF APPLICABLE)
 purchased through _____ on _____
NAME OF DEALERSHIP DATE
 Coverage to be cancelled: Life Critical Illness Disability

Refund for Single Premium Coverage (or Monthly Premium, if applicable)

Please choose one of the following options and provide the subsequent information required for processing

Refund to CREDITOR

The following information is required to process refund to creditor:

Varion Capital Corp _____
CREDITOR NAME

LOAN NUMBER (YOU CAN GET IT FROM THE CREDITOR)

#110 - 889 Harbourside Drive, North Vancouver, BC V7P 3S1
CREDITOR ADDRESS

Refund to INSURED DEBTOR / CO-DEBTOR (Only available if loan is paid out)

The following information is required to process refund to customer:

CURRENT MAILING ADDRESS

★ **Please attach proof of loan payout:** A copy of the cheque, or the receipt for that cheque, is **insufficient proof**. We are obliged by the finance institutions to require a letter originating from your finance source, providing details of the loan for cross-reference purposes, and stating the date the loan was paid out.

Refund to DEALERSHIP (Available where dealership has paid out loan in a trade situation)

The following information is required to process refund to dealership:

DEALERSHIP NAME AND ADDRESS

★ **Please attach proof of loan payout:** A copy of the cheque, or the receipt for that cheque, is **insufficient proof**. We are obliged by the finance institutions to require a letter originating from your finance source, providing details of the loan for cross-reference purposes, and stating the date the loan was paid out.

Insured Debtor/Co-debtor Authorized Signature

Please read and sign below

I/We understand that, by submitting this request of cancellation, I/We forfeit the rights to the coverage provided by the above mentioned certificate. In the event of death, critical illness or total disability, I/We am/are wholly liable for the repayment of this indebtedness. I/We also understand that this request, and any applicable refund, will be processed 1-2 weeks from the date that all required documentation is received by Omni Group Services Corp.

INSURED DEBTOR SIGNATURE

INSURED CO-DEBTOR SIGNATURE

DATE

