

## Canceling Your Policy

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Policyholder Name (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for cancellation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date cancellation is effective: \_\_\_\_\_ at 12:01am

Signature of all policy holders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail this form to:  
Canadian Direct Insurance Inc.  
Attention: Policy Administration Department  
Suite 600  
750 Cambie Street  
Vancouver, British Columbia  
V6B 0A2

Please fax this form to:  
Canadian Direct Insurance Inc.  
Attention: Policy Administration Department  
Toll-Free Fax: 1-877-515-4747  
Greater Vancouver Area Fax: (604) 699-3860

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