

Request for Release of Interest

To Whom It May Concern:

To request a release of interest, please have your mortgagee sign this document and fax it to us.

For the Insured to complete:

Insured's Name: _____

Mailing Address: _____

City, Province, Postal Code: _____

Policy Number: _____

Property Address: _____

City, Province, Postal Code: _____

Mortgagee Name: _____

Mortgagee Address: _____

City, Province, Postal Code: _____

Insurance Company: Canadian Direct Insurance Inc.

For the Mortgagee to complete:

I, the undersigned, hereby certify that _____ has no further
(Mortgagee)

interest in the above noted policy effective 12:01am Standard time on _____.
(Date)

Authorized Signature: _____

Dated: _____

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

CONFIDENTIALITY WARNING

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