

Creditor Insurance Cancellation Form

Account Number _____

Instructions

- Complete this form for insurance coverage cancellation.
- Complete a separate form for each personal loan, personal line of credit or mortgage account, for which insurance is being cancelled.
- All customers of the lending product must sign this form acknowledging the completion of the service as indicated below.
- For assistance, please call the Creditor Insurance Helpline at 1-800-465-6020.

Note: You may cancel insurance coverage at any time.

Name of Borrower
(Print First and Last Name)

Name of Co-Borrower
(Print First and Last Name)

Credit Type (Check One Per Form) Personal Loan Personal Line of Credit Mortgage Account

| | | | |
|----------------------------------|---|---|---|
| Cancel Insurance for Borrower | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Job Loss Insurance |
| Cancel Insurance for Co-borrower | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Job Loss Insurance |

Date (Month day, year)

X _____
Signature of Borrower (sign within box)

Date (Month day, year)

X _____
Signature of Co-borrower (sign within box)

Mail form to

Canadian Imperial Bank of Commerce
c/o Creditor Insurance Customer Service
P.O. Box 3020, Mississauga STN A
Mississauga, ON L5A 4M2