



PAYMENT INSURANCE PLAN CANCELLATION FORM

Please cancel the coverage of the Payment Insurance Plan from my Leon's Visa Desjardins Card account.
The signature below indicates that coverage for all of the following benefits ends as of 11:59 p.m. on the date indicated below:

- Unemployment Protection
- Life & Dismemberment Protection
- Critical Illness Protection
- Disability Protection
- Property Protection (not available to residents of B.C. or Quebec)

Customer Information

Account Number: _____

Customer Name: _____

Street Address: _____

City/Province: _____

Postal Code: _____

Customer Signature: _____ Date: _____

Reason for cancellation - Please check one of the following

- | | | | |
|---|---|---|---|
| ☐ No longer required | ☐ Purchase is paid off | ☐ Not explained properly | ☐ Other coverage |
| ☐ Too expensive | ☐ Incomplete coverage | ☐ Free look is over | ☐ Other |

Other: _____

Important steps to be completed by the customer:

1. Fax the original to TGI at 1-844-930-6021 (toll free)
2. Keep the original copy