



PAYMENT PROTECTION POLICY CANCELLATION FORM

With the below signature, please cancel the coverage provided to me by Trans Global Insurance, effective 11:59 P.M on the date received or otherwise the future date indicated below.

Customer Information

Client Code: _____

Policy 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