

Head Office: Toronto, ON M2N 7J8 / Administrative Office: 1400-2025 Willingdon Avenue, Burnaby, BC, V5C 6G9

Policy Holder:	_____	Date of Loan:	_____
Borrower 1 Name:	_____	Member Number:	_____
Borrower 2 Name:	_____	Loan Number:	_____
Borrower 3 Name:	_____	Loan Amount:	_____
Borrower 4 Name:	_____	Payment Amount:	_____

a. Existing coverage file number: _____

b. Current value of existing insurance life coverage: _____

c. Partial amount to be waived: **(Difference between current value insurance coverage and new loan amount)**

Borrower Name(s)	Coverage(s) Amounts Waived	Ineligible	Waived	Initials	Reason(s)
	Life Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Disability amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	ADB Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Critical Illness Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	IU Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Life Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Disability amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	ADB Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Critical Illness Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	IU Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Life Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Disability amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	ADB Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Critical Illness Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	IU Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Life Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Disability amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	ADB Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	Critical Illness Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		
	IU Amount Waived:	<input type="checkbox"/>	<input type="checkbox"/>		

I/We further acknowledge that Insurance Protection has been presented to me on my/our loan with the Credit Union. I/We elect **not** to apply for the above mentioned Insurance protection on this loan and choose to port the existing coverage to this loan. I acknowledge that I/We that the terms and conditions of the existing coverage remains unchanged as originally issued.

Borrower 1 Signature	Date
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