WAIVER OF COVERAGE

Canadian Premier Life Insurance Company

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

1. Loan Details:

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:

Existing Coverage Recognition:

If re-advancing, refinancing and applicant(s) is porting an existing mortgage, please contact the service Center at **1-800-763-1300** for an amortization calculation and complete a, b and c below to acknowledge partial amount being waived.

- 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)

2. Waiver of Coverage Details:

Borrower Name(s)	Coverage(s) Amounts Waived	Ineligible	Waived	Initials	Reason(s)
	Life Amount Waived:				
	Disability amount Waived:				
	ADB Amount Waived:				
	Critical Illness Amount Waived:				
	IU Amount Waived:				
	Life Amount Waived:				
	Disability amount Waived:				
	ADB Amount Waived:				
	Critical Illness Amount Waived:				
	IU Amount Waived:				
	Life Amount Waived:				
	Disability amount Waived:				
	ADB Amount Waived:				
	Critical Illness Amount Waived:				
	IU Amount Waived:				
	Life Amount Waived:				
	Disability amount Waived:				
	ADB Amount Waived:				
	Critical Illness Amount Waived:				
	IU Amount Waived:				

Acknowledgement by Applicant(s):

I/We acknowledge that Insurance Protection has been presented to me on my/our loan with the Credit Union. I am/We are aware that I am/we are **ineligible or waiving (as indicated above)** the Insurance Protection offered and I/We elect <u>not</u> to apply for Insurance Protection on this loan.

If I/We also indicated in section 2 above "Existing Coverage Recognition:

I/We further acknowledge that Insurance Protection has been presented to me on my/our loan with the Credit Union. I/We elect <u>not</u> 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	Borrower 1 Signature	Date
Borrower 1 Signature	Date	Borrower 1 Signature	Date