

Policy Cancellation Request

Your details

Policy number

Policy owner one Surname

Policy owner one First name

Initial

Title

Policy owner two Surname

Policy owner two First name

Initial

Title

Home address

Postcode

Home phone no.

Daytime phone no.

Mobile phone no.

Fax no.

Email address

Cancellation of Policy

- All policy owners have signed the cancellation request.
- I have attached my original Policy Certificate (*only applies if cancelling within the cooling off period*).

Please provide the reason for cancelling your ClearView Life Policy.

Preferred method for confirmation of your cancellation

- Telephone
- Written response
- Email
- SMS

Declaration

I declare that the information is true and correct. I understand my policy will be cancelled from the date to which it is currently paid.

Signature of Policy owner one

DATE / /

Signature of Policy owner two

DATE / /

Send completed forms to:

ClearView Life Assurance Limited
GPO Box 4232
Sydney NSW 2001