



POLICY CANCELLATION REQUEST

Date | |
mm dd yyyy

I, _____, affirm to be the Owner of life insurance policy
_____ with Olé Insurance Group Corp. I.I.

I hereby request the cancellation of coverage for the above mentioned policy due to the following reason:

- Change of life insurance company
- Reduction of income level
- As it is a policy to guarantee a loan, the loan has not been granted or has already been paid
- The coverage was not clearly explained to me
- I did not receive my policy documents or did not receive the customer service I expected
- Other reason (please explain) _____

I agree that by signing and submitting this application my policy will be cancelled and I will immediately lose coverage.

Signature of Policy Owner: _____

Name of Policy Owner: _____

ID No.: _____