



# PERSONAL LINES PROPERTY CREDIT INFORMATION WITHDRAWAL OF CONSENT

Name insured \_\_\_\_\_

Date of birth \_\_\_\_\_

MM / DD / YY

Additional name insured \_\_\_\_\_

Date of birth \_\_\_\_\_

MM / DD / YY

Policy number \_\_\_\_\_

### For all provinces and territories except Newfoundland and Labrador:

I am withdrawing my personal consent to the use of my credit information.

**By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.**

If any other individuals on this policy wish to withdraw their consent with respect to the use of their credit information, they may also sign below.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

Applicant's signature: \_\_\_\_\_

Verbal consent:  Date signed : \_\_\_\_\_

MM / DD / YY

Applicant's signature: \_\_\_\_\_

Verbal consent:  Date signed : \_\_\_\_\_

MM / DD / YY

Broker's signature: \_\_\_\_\_

Date signed : \_\_\_\_\_

MM / DD / YY

WITHDRAWAL