

Release of Interest Form

Named Insured(s): _____

Policy Number: _____

Date to be removed: _____

Year: _____ **Make:** _____ **Model:** _____ **VIN:** _____

Name of Party being Released: _____

The reason for the release is (select one):

Lienholder has been satisfied (loan paid in full).

Named Insured(s) requested removal of interest.

Other (specify): _____

Acknowledgement by Released Party

I, the undersigned, acknowledge that my interest in the policy identified above is being removed as of the date indicated on this form. I understand that I will no longer have any rights or claims under this policy.

1st Named Insured (Print Name)

Signature

Date (DD/MM/YYYY)

2nd Named Insured (Print Name)

Signature

Date (DD/MM/YYYY)

Send the completed form to mbtoys@oasisins.ca