

Please complete form clearly and forward to the insurance company concerned at the address given overleaf.

Insurance cancellation advice

Consumer
Insurance
Services
Limited

Customer details	Customer no.															
	Customer's name															
	Customer's address															
	Home Phone No.					Work Phone No.					Mobile Phone.					
	Customer's signature										Date		/ /			
	Reason for cancellation															

Insurance type	Type of Insurance (refer to Card statement)	Please tick provider
IMPORTANT: This cancellation will not become effective until this form is received by the insurance company. In some cases the next monthly premium will already have been processed.		<input type="radio"/> Card Repayment Insurance
		<input type="radio"/> Cigna
		<input type="radio"/> Lumley
		<input type="radio"/> Asteron
		<input type="radio"/> Sovereign
		<input type="radio"/> Sentinel
		<input type="radio"/> Southern Cross
		<input type="radio"/> Vero
	<input type="radio"/> Other _____	

Insurance company use only	Date received / /	Request actioned	Signature
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Insurance company details

Please forward to the appropriate insurance company	Company	Postal address	Phone
	Asteron Life Insurance	PO Box 3344, Wellington	0800 874 444
	CIGNA Life Insurance	PO Box 92, Wellington	0800 855 333
	Consumer Insurance Services Ltd	Private Bag 94013, Manukau 2241	0800 855 333
	Farmers Finance Insurance	Private Bag 94013, Manukau 2241	0800 101 170
	Lumley Insurance	PO Box 1040, Auckland	0800 188 802
	NZI	PO Box 1489, Christchurch	0800 800 800
	Secure Sentinel	c/- PO Box 2993, Shortland St, Auckland	0800 449 777
	Southern Cross	Private Bag 99934, Newmarket, Auckland	0800 800 181
	Sovereign Assurance	Private Bag, Sovereign, Auckland Mail Centre 1020	0800 104 964
	Q Card Insurance	Private Bag 94013, Manukau 2241	0800 11 7000
	Vero Insurance	PO Box 1992, Auckland	0800 106 612

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Customer copy

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