

Cancellation Form

Public Service Credit Union Member Pay Death Benefit Insurance Programme: CANCEL Confirmation



Member Number:

Name:

Date of Birth:

Address:

Email Address:

Mobile Number:

I wish to cancel my Member Pay Death Benefit Insurance. I understand that this cancellation will take effect on the first day of the month following receipt of this written cancellation request.

The scheme does not offer a cash or surrender value. However, a refund will be given for any month(s) that you have paid for but now wish to cancel.

Signature:

Date: