



FIRST SERVICE GROUP

303 McKnight Park Drive
Pittsburgh, PA 15237-6534
Phone: 800-332-0800
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Mortgage Insurance Termination Form

Financial Institution

Loan Account Number

Customer Name(s)

COVERAGE

MONTHLY PREMIUM

- | | |
|---|----------|
| <input type="checkbox"/> Life | \$ _____ |
| <input type="checkbox"/> AH | \$ _____ |
| <input type="checkbox"/> AD | \$ _____ |
| <input type="checkbox"/> _____
(Other) | \$ _____ |

TERMINATION AND LAPSE INFORMATION:

Effective Date of Termination or Lapse _____ Last month premium collected _____

REASON:

- | | | | |
|--|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Lapse | <input type="checkbox"/> Paid Off | <input type="checkbox"/> Loan Transferred | <input type="checkbox"/> Death |
| <input type="checkbox"/> Voluntary Cancellation (customer signature(s) required) | | <input type="checkbox"/> Other _____ | |

Signature

Signature

PREMIUM IS DUE FOR MONTH OF TERMINATION.