Mortgage Guaranty Insurance Corporation
Attn: Insurance Services
P.O. Box 566, Milwaukee, Wisconsin 53201-0566
(800) 558-9900, FAX (414) 347-4848

MGIC

Request For Cancellation Of Insurance

PLEASE PRINT OR TYPE

To process your request on a timely basis, complete all requested information. Attach the original MGIC mortgage insurance certificate to this request, if available.

Insured/Servicer Name			Date of Request
Address			Insured/Servicer Loan Number
City	State	Zip Code	MGIC Certificate Number

Borrower Name (Last, First & Middle Initial)
Insured Property Street Address (Including City, State and Zip Code)
Borrower's Current Address (Including City, State and Zip Code)

REASON FOR CANCELLATION (✓ One)

* ❑ 1. Loan paid in full
* ❑ 2. Loan refinanced; if MGIC insured, New Cert. #_____
* ❑ 3. Loan refinanced; loan insured by another carrier
* ❑ 4. Loan refinanced; no insurance necessary
  ❑ 5. Loan paid down to _____ %
  ❑ 6. Other - specify_____

* **If the loan has been paid in full or refinanced, indicate the payoff date here** ____/____/____

PAYMENT SELECTION - Make check payable to (✓ One)

❑ Borrower and return to Insured/Servicer
❑ Insured/Servicer and return to Insured/Servicer
❑ Borrower and send to borrower
❑ Insured/Servicer or borrower and return to Insured/Servicer
❑ Other - Name _____

Address _____

_____

City _____

State _____ Zip Code _____

Signature of Authorized Representative	Prepared By (Please Print)
Date ____/____/____	Telephone Number ( )

Note: This form includes loans insured by Mortgage Guaranty Insurance Corporation and may include loans insured by MGIC Indemnity Corporation or MGIC Assurance Corporation. All references to "MGIC" shall be to whichever company insured the applicable loan.