

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/Service Name	Date of Request
Address	Insured/Service 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/Service
- Insured/Service and return to Insured/Service
- Borrower and send to borrower
- Insured/Service or borrower and return to Insured/Service
- Other - Name _____

Address _____

 City _____
 State _____ Zip Code _____

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