## Mortgage Guaranty Insurance Corporation MGIC Indemnity Corporation

Attn: Insurance Services

P.O. Box 566, Milwaukee, Wisconsin 53201-0566

(800) 558-9900, FAX (888) 818-0241



## 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				Cancellation Effective Date
Address				Insured/Servicer Loan Number
City	State Zip 0		ode	MGIC Certificate Number
Borrower Name (Last, First o	& Middle Initial)			
Insured Property Street Add	ress (Including City, State and Zip Co	ode)		
Borrower's Current Address	(Including City, State and Zip Code)			
<ul><li>* □ 4. Loan refinance</li><li>□ 5. Loan paid down</li><li>□ 6. Other - specify</li></ul>	II I; if MGIC insured, New Cert. # I; loan insured by another car I; no insurance necessary In to % I paid in full or refinanced, in		□ Borrower and □ Insured/Servic □ Borrower and □ Insured/Servic □ Other - Name  Address  City	CTION - Make check payable to ( ✓ One) return to Insured/Servicer er and return to Insured/Servicer send to borrower er or borrower and return to Insured/Services  S
Visit www.mgic.com to see a Signature of Authorized Repr	ll the newest information regarding cesentative	cancellations.		
	Date	/	/ ( )	

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.