Date: _____

EvergreenDIRECT Credit Union PO Box 408 Olympia, WA 98507-0408

Dear Credit Union:

I have reviewed the other coverage that I have at this time and have decided to cancel the following loan protection on my loan(s):

Loan # _____

Please cancel:

| | 0, | Single Credit Life |
|---|----|-----------------------------------|
| | J | Joint Credit Life |
| Γ | 0, | Single Disability |
| Γ | 0, | Single Credit Life and Disability |
| | | Joint Credit Life and Disability |

My signature below authorizes you to cancel this coverage immediately.

Signature:_____

Signature:_____

(Co-Borrower must sign if joint coverage is being cancelled)