



WITHDRAWAL OF CONSENT

Claim Number: _____

I, _____, was injured in automobile accident on _____,
for which the above claim number was opened.

I hereby withdraw the consent I provided in the _____
signed on _____ regarding _____ [name of
the third party listed on the authorization]

I understand that this withdrawal of consent does not have a retroactive effect.

I understand that this withdrawal of consent may affect my entitlement to benefits under
the Personal Injury Protection Plan (PIPP).

I understand that pursuant to Section 142 of *The Manitoba Public Insurance Corporation Act*,
a claimant or a person who receives compensation under PIPP shall provide any
information, and any authorization necessary to obtain information, requested by MPI for
the purpose of administering the claim.

Signature of Customer

Date (dd/mm/yy)

Witness (anyone 18 years of age or older)

Date (dd/mm/yy)

Please return the completed form to:

Manitoba Public Insurance
Injury Claims Management
P.O. Box 6300, Winnipeg, MB R3C 4A4
Or Fax to Number: 204-954-5332