



CADILLAC  
FINANCIAL

## INVESTIGATION REQUEST FORM

If you are the victim of identity theft regarding a Cadillac Financial account and wish to request an investigation, the claim must be submitted in writing and mailed to Cadillac Financial.

Please mail form to: Cadillac Financial  
Attn: Risk Management  
2001 Sheppard Avenue East, Suite 600  
Toronto, ON  
M2J 4Z8

To ensure that your identity theft investigation request is properly filed with Cadillac Financial, please provide the following information **(print clearly)**:

Cadillac Financial Account Number: \_\_\_\_\_

Victim's Full Name: \_\_\_\_\_

Victim's Social Insurance Number:  
(optional) \_\_\_\_\_

Victim's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Please provide details of the circumstances surrounding the identity theft or consumer fraud claim below.

\_\_\_\_\_  
Victim's Signature

**Questions?** If you have questions or concerns regarding your identity theft claim, email the Central Fraud department at [creditfraud@gmfinancial.com](mailto:creditfraud@gmfinancial.com).