

Transfer Form

Transfer of the Coverage Agreement must be made within 30 days of transfer of vehicle ownership. Please refer to "Transfer" section of your Agreement for additional details.

TO BE COMPLETED BY CURRENT AGREEMENT HOLDER:

Please print or type

VEHICLE IDENTIFICATION NUMBER _____
(Must be 17 characters)

AGREEMENT REFERENCE NUMBER _____
(Must be 9 characters)

ODOMETER READING AT TIME OF TRANSFER _____
(Do not enter in tenths of a mile)

Effective immediately, please transfer all coverage remaining on the above vehicle's service contract to the person identified below. I hereby certify that the odometer reading is correct as shown above. By transferring this contract, I hereby relinquish my right to a potential refund for early termination of this contract.

SIGNATURE OF AGREEMENT HOLDER MONTH DAY YEAR

PRINT NAME: _____

TO BE COMPLETED BY PURCHASER OF REFERENCED VEHICLE:

Please print or type

FIRST NAME M.I. LAST NAME

OR

ENTER NAME OF BUSINESS OR MUNICIPALITY

MAILING ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER OF VEHICLE PURCHASER/TRANSFeree E-MAIL ADDRESS

SIGNATURE OF VEHICLE PURCHASER/TRANSFeree MONTH DAY YEAR

A check in the amount of \$50 (\$40 in the State of Florida) payable to GMPP or MRP must accompany this form.

Please provide proof that any remaining new vehicle limited warranty has been properly transferred, if applicable.

After providing all of the above information, please forward this document with your check enclosed to:

National Mechanical Service Center
P.O. Box 6855
Chicago, IL 60680-6855

For questions regarding transfer, call 1-800-631-5590.