

Cancellation Request Form

This Cancellation Request Form indicates the Ethos Group contract you are requesting to cancel. Not all contracts are cancellable/refundable. See contract for full terms and conditions. The items below marked with an asterisk (*) are required to be completed in order to process the cancellation.

Custon	ner				
CUSTOMER'S NAME*		CO-CUSTOMER'S NAME		CONTRACT NUMBER*	
PHONE NUMBER	EMAIL ADDRESS				
STREET ADDRESS*		Icity*		ISTATE*	ZIP*
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		<u>i</u>	AND THE PARTY OF T		
Vehic					
YEAR MAKE MODEL		VIN'			
Cancel Info					
CANCELLATION ODOMETER*		LATION* (SELECT <u>ONLY</u> ONE):			
CANCELLATION DATE*		RADED IN TOTAL LOSS		LOAN PAID IN FULL	
REPOSSE		SSION VEHICLE SOLD		CUSTOMER DECIDED AGAINST	
Refur	nd				
REFUND TO LIENHOLDER		REFUND TO DEALERSHIP		REFUND TO CUSTOMER	
Refund will be applied or credited to the loan/lease.		Refund will be paid as a down payment towards the purchase/lease of a different vehicle.		Refund will be paid to customer via check.	
YOU MUST PROVIDE:		YOU MUST PROVIDE A COPY OF:		YOU MUST PROVIDE PROOF OF PAYOFF BY:	
LIENHOLDER NAME		Buyer's Order or Odometer Statement Proof of Payoff to Lienholder Other Documentation May Be Requested by Cancellation Department		Copy of Lien Release, Clear Title Showing Lien Release, or Payoff Letter from Original Lender/Lessor	
LOAN ACCOUNT NUMBER					
STREET ADDRESS				Other Documenta	ation May Be Requested
CITY / STATE / ZIP					·
By signing below Lackney	wledge and agree that th	o refund will be provide	ded as indicated in the Refund	L	
by signing below, I acknow	wedge and agree that th	e retuna wili be provid	ded as indicated in the Retund	DOX.	
	Customor's Signature				
Customer's Signature				Date*	

Submit all required documents with this form to:

Cancellation Department, P.O. Box 140249, Irving, Texas 75014-0249 Email: cancels@EGAssurance.com | Phone: 855-342-4971 | Fax: 214-996-0052