



# 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.

| Customer         |               |                    |                  |
|------------------|---------------|--------------------|------------------|
| CUSTOMER'S NAME* |               | CO-CUSTOMER'S NAME | CONTRACT NUMBER* |
| PHONE NUMBER     | EMAIL ADDRESS |                    |                  |
| STREET ADDRESS*  |               | CITY*              | STATE* ZIP*      |

| Vehicle |      |       |      |
|---------|------|-------|------|
| YEAR    | MAKE | MODEL | VIN* |

| Cancel Information     |  |
|------------------------|--|
| CANCELLATION ODOMETER* | REASON FOR CANCELLATION* (SELECT <u>ONLY ONE</u> ):  |
| CANCELLATION DATE*     | <input type="checkbox"/> VEHICLE TRADED IN <input type="checkbox"/> TOTAL LOSS <input type="checkbox"/> LOAN PAID IN FULL<br><input type="checkbox"/> REPOSSESSION <input type="checkbox"/> VEHICLE SOLD <input type="checkbox"/> CUSTOMER DECIDED AGAINST |

| Refund  |  |   |
|---|--|---|
| <b>REFUND TO LIENHOLDER</b><br><input type="checkbox"/><br>Refund will be applied or credited to the loan/lease.<br>YOU MUST PROVIDE: | <b>REFUND TO DEALERSHIP</b><br><input type="checkbox"/><br>Refund will be paid as a down payment towards the purchase/lease of a different vehicle.<br>YOU MUST PROVIDE A COPY OF: | <b>REFUND TO CUSTOMER</b><br><input type="checkbox"/><br>Refund will be paid to customer via check.<br>YOU MUST PROVIDE PROOF OF PAYOFF BY: |
| LIENHOLDER NAME   | <input type="checkbox"/> Buyer's Order or Odometer Statement   | <input type="checkbox"/> Copy of Lien Release, Clear Title Showing Lien Release, or Payoff Letter from Original Lender/Lessor               |
| LOAN ACCOUNT NUMBER   | <input type="checkbox"/> Proof of Payoff to Lienholder   | <input type="checkbox"/> Other Documentation May Be Requested by Cancellation Department  |
| STREET ADDRESS  | <input type="checkbox"/> Other Documentation May Be Requested by Cancellation Department   |   |
| CITY / STATE / ZIP  |  |   |

By signing below, I acknowledge and agree that the refund will be provided as indicated in the Refund box.

\_\_\_\_\_ 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](mailto:cancels@EGAssurance.com) | Phone: 855-342-4971 | Fax: 214-996-0052**