



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 <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> VEHICLE SOLD <input type="checkbox"/> CUSTOMER DECIDED AGAINST

Refund		
REFUND TO LIENHOLDER <input type="checkbox"/> Refund will be applied or credited to the loan/lease. YOU MUST PROVIDE:	REFUND TO DEALERSHIP <input type="checkbox"/> Refund will be paid as a down payment towards the purchase/lease of a different vehicle. YOU MUST PROVIDE A COPY OF:	REFUND TO CUSTOMER <input type="checkbox"/> Refund will be paid to customer via check. 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 | Phone: 855-342-4971 | Fax: 214-996-0052