

## **Transfer Request Form**

- Mechanical Breakdown Insurance Policy
- Vehicle Service Contract

This Contract may be transferred by the original owner to a new owner of the Vehicle in the event that the Vehicle is sold or otherwise transferred.

## Please note the following:

- 1. The new owner must be a private party and be a resident of Canada;
- 2. Any remaining manufacturer's warranty must also be transferred to the new owner;
- 3. This Contract may only be transferred once and cannot be transferred if the ownership of the Vehicle passes through any entity or individual that is in the business of selling vehicles, including but not limited to a dealership or finance/lease company;
- 4. The transfer fee must be submitted to the Administrator within thirty (30) days of the date of the ownership change. The transfer fee must be in the form of a cheque, money order or bank draft;
- 5. Copies of all maintenance records showing that the manufacturer's recommended maintenance has been performed and the original IWS contract must be provided to the new owner.

| Transfer Request      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |          |
|-----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|----------|
|                       | Original Contract Holder  |  |  |  |  |  |  |  |  |  |  |  |  |  | New Owner  |                             |          |
| IWS Cor               | WS Contract Number:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Name:                       |          |
| VIN:                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             | Address: |
| Name:                 | ame:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | City:                       |          |
| Address               | ddress:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Province: Postal Code:      |          |
| City:                 | :у: Р   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Phone Number:               |          |
| Province              | ovince: Postal Code:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |          |
| Phone N               | one Number: Ef  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Effective Date of Transfer: |          |
| contract<br>identifie | ntract identified above be transferred to the new owner c<br>entified herein and I forfeit any and all rights that I may have had<br>der such contract. |  |  |  |  |  |  |  |  |  |  |  |  |  | I acknowledge that I have received, read and understand the<br>contract identified herein and hereby request that all rights<br>and benefits available be transferred into my name for the<br>remaining term as indicated on the contract.<br>Signature: |                             |          |

Please mail form and transfer fee to:

## **Integrated Warranty Systems**

1100 - 140 Fullarton Street, London, ON N6A 5P2