



Transfer form Mechanical breakdown insurance policy Vehicle service contract

In the event of the sale of the vehicle/unit, the policy/contract may be transferred only once to the new owner and only if the vehicle/unit is sold **through private party**. Please complete this form and send it to the Administrator along with the appropriate fee, if any.

Please note the following:

- 1) This transfer CANNOT be made if the title transfer passes through any entity other than the subsequent buyer.
- 2) This transfer form must be completed and returned to our office (find applicable office based on your region below) **within thirty (30) days of the sale of your vehicle/unit**.
- 3) Any remaining factory warranty MUST also be transferred at the same time. Future claims will be adjusted on the basis that the remaining factory warranty was transferred, whether or not this was accomplished.
- 4) All maintenance records showing correct oil changes and factory maintenance must be given to the new owner. These maintenance records must be retained along with similar documentation for future maintenance work which the new owner will have to perform in accordance with the maintenance requirements set out in the terms and conditions of the policy/contract. If necessary, these documents will be verified by the Administrator at the time a claim occurs.
- 5) A transfer fee of one hundred (Can\$100) dollars (if any) plus applicable taxes, must be submitted with this transfer form. **Payments should be made to the Administrator (find applicable Administrator based on your region below).**
- 6) Please check the transfer section of the policy/contract for any additional transfer provisions that may be required by the policy/contract.
- 7) The policy/contract can be transferred only once. This policy/contract transfer must be initiated by both original policyholder/contract holder and co-policyholder/co-contract holder (if applicable).
- 8) The guaranteed price refund (GPR)/claim free rebate (CFR) option purchased with the contract/policy is not transferable.

New Owner's Information

Policy/Contract Number	VIN/HIN (Last 8 digits only)	kms/hours at Time of Sale
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of (New) Vehicle/Unit Owner	Date of Birth	Tax Exempt - If Applicable, Record Status Card No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Status Card #:

Address			
Street	City	Prov.	Postal Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Telephone Number	Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

IMPORTANT NOTE: Coverage/services will not be effective until the original owner signs this form as indicated and the new owner receives a notification letter from the Administrator confirming the transfer of coverage/services. Call the Administrator if the letter does not arrive within sixty (60) days of submitting this transfer form.

To Be Completed By Original Owner

Name of Original Owner (Policyholder/Contract Holder)	Vehicle/Unit Private Sale Date (from Original to New Owner)	Name of Original Co-Policyholder/Co-Contract Holder
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address			
Street	City	Prov.	Postal Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Telephone Number	Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

By signing below, I/we hereby verify that the information shown on this transfer form is true, correct and complete. I hereby confirm that the loan on the vehicle/unit has been paid out. Please initial

Original Owner (Policyholder/Contract Holder)'s Signature	(y y y y - m m - d d)	Original Co-Policyholder/Co-Contract Holder's Signature
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>

To Be Completed By New Owner

I, (new owner) _____ hereby acknowledge that I have been informed of, understand and agree with the following:

I am currently applying for a transfer of the above referenced policy/contract. I understand and agree that as a condition of the transfer of the said policy/contract, I am responsible for obtaining any and all service records pertaining to the above referenced vehicle/unit.

I understand and agree that if the vehicle/unit in question was not/is not maintained properly **before** and/or **after** my purchase of same and/or I fail to obtain service records substantiating that the vehicle/unit in question was maintained properly **before** and/or **after** my purchase of same, any claims arising in the future may be denied for reimbursement under the conditions set forth in the above referenced policy/contract.

I understand and agree that if I have any questions regarding this statement and/or transfer of the above referenced policy/contract, I can contact the Administrator.

I have read this statement, I understand and agree with all the terms, conditions and provisions as set forth in same. I execute it voluntarily and with full knowledge of its significance.

I understand that this information may be exchanged with the dealer for purposes of cancellation.

PRIVACY NOTICE: We will collect and retain all personal information concerning this transfer form. The information will be used for purposes of transferring ownership of your policy/contract and investigation of any future claims. We will only access your file on a need to know basis and it will be kept at our secure location. It can be reviewed and/or rectified by written request. iA Financial Group, its affiliates and their agents may use and share your personal information with each other so that you can benefit from personalized offers and improved products and services. If you do not wish your information to be shared within the iA Financial Group, please contact the Administrator.

I hereby confirm that the vehicle/unit was sold privately. Please initial Date

New Owner's Signature	(y y y y - m m - d d)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<p>Administrators: Industrial Alliance Pacific General Insurance Corporation (iAPG) - AB, BC, NB, NS, SK SAL Marketing Inc. (SMI) - MB, ON, NL, PE iAP Marketing - QC</p>	<p>Contracts sold outside of Quebec For more information, contact us at: 1 800 663-9498 (Tel.) 1 888 444-0697 (Fax) admin.iads@ia.ca PO Box 5900, Vancouver, BC V6B 5H6</p>	<p>Contracts sold in Quebec For more information, contact us at: 1 877 671-9009 (Tel.) 1 450 671-1092 (Fax) service.iasc@ia.ca 1000 Du Lux Street, Suite 601, Brossard, QC, J4Y 0E3</p>
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