



## Transfer Form

**Instructions:** This form is to be completed by the CONTRACT HOLDER ONLY. Please fill in all fields on this form.

Date form complete: \_\_\_\_\_

### **Original Contract Holder's Information**

Contract number: \_\_\_\_\_ VIN: \_\_\_\_\_

Contract Holder's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **New Owner's Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **Please enclose the following items:**

- Transfer fee of \$50.00- Check or money order payable to Marathon Group
- Maintenance records from the time the policy was purchased
- Proof of ownership (Bill of Sale, Title transfer, etc)

This form must be completed and mailed in with the above requested information. Please allow 14 days for processing. Please mail this form to: Marathon Group, P.O. Box 961 O'Fallon, IL 62269 Attn: Transfer Department.