



# Ally Premier Protection<sup>SM</sup>

## Transfer Form

Transfer of the Ally Premier Protection Coverage Contract must be made within 30 days of transfer of vehicle ownership. SPP financed Contracts must be paid in full prior to transfer. Please refer to the "Transfer" section of your Contract for additional details.

**TO BE COMPLETED BY CURRENT CONTRACT HOLDER – PLEASE PRINT OR TYPE**

Vehicle ID Number \_\_\_\_\_ (Must be 17 characters)

Contract Reference Number(s) \_\_\_\_\_ (Must be 9 characters) \_\_\_\_\_ (Must be 9 characters)

Odometer Reading at Time of Transfer \_\_\_\_\_ (Do not enter in tenths of a mile) \_\_\_\_\_ Vehicle Service Contract  
\_\_\_\_\_ Vehicle Maintenance Contract

I certify that I am the owner or hold power of attorney over the service contract(s). Effective immediately, please transfer all coverage remaining on the above vehicle's service and / or maintenance contract(s) to the person identified as Purchaser below. I hereby certify that the odometer reading is correct as shown above. By transferring the contract(s), I hereby relinquish my rights to a potential refund for early termination of the contract(s).

Print Name and Title (Owner, Spouse, Executor of Estate, Power of Attorney) \_\_\_\_\_ Phone Number of Contract Holder (including Area Code) \_\_\_\_\_

Signature of Contract Holder/Authorized Signer \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

**TO BE COMPLETED BY PURCHASER OF REFERENCED VEHICLE – PLEASE PRINT OR TYPE**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

**OR** Enter Name of Business, Municipality or Co-Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number of Vehicle Purchaser/Transferee \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Vehicle Purchaser/Transferee \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Check(s) in the amount of \$50 (\$40 in the State of Florida), per contract that you are transferring, payable to Ally Auto Dealer Products & Services must accompany this form. After providing all of the above information, please forward this document with your check(s) enclosed to:

Ally Auto Dealer Products & Services  
P.O. Box 6855  
Chicago, IL 60680-6855

For questions regarding transfers, please call: 800-631-5590, option 1