



# Contract Transfer Form



## What Do I Need to Know/Have Before Requesting a Contract Transfer?

### 1. Transfer Eligibility.

- You, the original Purchaser, may transfer this Contract when you sell the Covered Vehicle to a subsequent individual buyer.
- This transfer must be initiated by the original Purchaser of the Contract.
- The transfer CANNOT be made if the title transfer passed through an entity other than the subsequent buyer (i.e. the Covered Vehicle is traded in on the purchase of another vehicle at a dealership, leasing agency or entity/individual in the business of selling automobiles, or in the event of valid repossession by the lienholder).

### 2. Transfer Period.

- The transfer of this Contract must be completed within 30 days after the date of the sale or transfer of the Covered Vehicle.

### 3. Required Documents.

- A copy of your original Contract.
- A copy of the "Bill of Sale" or "Title Transfer" or new title showing the name of the individual who purchased the vehicle and the date of sale or transfer is required to complete the transfer.
- This completed Contract Transfer Form.

### 4. Signatures Required.

- The original Purchaser of the Contract.
- The buyer of the Covered Vehicle.

### 5. Transfer Fee.

- The transfer fee amount is specified on your original Contract (see also the state disclosures)
- The transfer fee is required for Contract transfers and must be submitted with this form.
- Checks should be made payable to Sonsio International, Inc.

### What are the Limitations?

- You, the original Purchaser, may transfer this Contract when you sell the Covered Vehicle to a subsequent individual buyer.
- This transfer must be initiated by the original Purchaser of the Contract.
- The transfer must be completed within 30 days after the sale or transfer.
- Any transfer applies only to the remaining months of the original Contract term.
- The Contract may only be transferred once.

### Original Contract Holder's Information & Signature

Contract Registration # \_\_\_\_\_  
 Vehicle Transfer Date \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_

Signature \_\_\_\_\_

### Payment Information for Transfer Fee

I am paying the Transfer Fee by:  Check  EFT (Electronic Funds Transfer)

For payment by EFT, you must complete the following:

Name on Account \_\_\_\_\_  
 Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Bank Name \_\_\_\_\_

Signature \_\_\_\_\_

### IMPORTANT NOTE REGARDING COVERAGE

The coverage transfer will not be effective until the Original Contract Holder signs this form as indicated and the Buyer of the Covered Vehicle receives a notification letter from the Administrator. Call the Administrator at the toll-free number printed on the Contract if the letter does not arrive within thirty (30) days of submitting this completed transfer form.

### Buyer's Information

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Buyer's Acknowledgement of Transfer & Signature

I, (New Owner) \_\_\_\_\_, a resident of the state of \_\_\_\_\_ hereby acknowledge that I have been informed of, understand, and agree to the following:

1. I am currently applying for a transfer of the above referenced Contract.
2. I understand and agree that if I have any question regarding this statement and/or transfer of the above referenced Contract I can contact the Administrator of the same.
3. I have received a copy of the original Contract and have read the terms and conditions outlined on the back, and I understand and agree with all the terms, conditions, and provisions as set forth in same.
4. I have read this statement and 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.

Buyer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit this completed form along with required documentation and payment by email to [transfer@sonsio.com](mailto:transfer@sonsio.com) or by postal mail to: Transfer Department, PO BOX 1658, Maryland Heights, MO 63043

For Internal Use Only  Approved  Denied

MANAGER:	EFT OR CHECK #:	TRANSFER FEE: \$	DATE PROCESSED:
----------	-----------------	------------------	-----------------