



Ally Premier ProtectionSM Transfer Form

Transfer of the Ally Premier Protection Coverage Contract must be made within 30 days of transfer of vehicle ownership. 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	_____ (Must be 9 characters)
Odometer Reading at Time of Transfer	_____ (Do not enter in tenths of a mile)
I certify that I am the owner or hold power of attorney over the service contract. Effective immediately, please transfer all coverage remaining on the above vehicle's service contract to the person identified below. I hereby certify that the odometer reading is correct as shown above. By transferring this contract, I hereby relinquish my right to a potential refund for early termination of this contract.	
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)	

A check in the amount of \$50 (\$40 in the State of Florida) 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 enclosed to:

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

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