WISECARE TRANSFER REQUEST FORM



PROCEDURES:

(Please PRINT)

- Complete the Transfer Registration Information below and mail to: Vehicle Service Administrator LLC, 1670 Fenpark Drive, Fenton, MO 63026
- 2. Attach a Transfer Fee of \$50 made payable to Vehicle Service Administrator LLC.
- 3. Submit a copy of a cancelled check or finance contract as proof of the vehicle purchase.
- 4. The previous owner's signature, the new owner's signature and the date of transfer are all required to consider the transfer request.

TRANSFERRED	FROM		
NAME	*		
ADDRESS			
CITY		STATE	ZIP
PHONE			
SIGNATURE OF PR	REVIOUS OWNER		
TRANSFERRED) TO		
NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE			
I HAVE READ AND UNDE SIGNATURE OF NE		TIONS OF THE LIMITED SERVICE CONTRACT. I HAVE PAID THE TRANSFER FEE	TO THE PLAN ADMINISTRATOR.
VEHICLE/ADDE	NDUM INFORMATION		
CONTRACT NUMB	ER – INCLUDING LETTERS (REC	QUIRED)	
EFFECTIVE DATE		DATE OF TRANSFER	
YEAR	MAKE	MODEL	
VEHICLE IDENTIFIC	CATION NUMBER – INCLUDING	LETTERS	

NOTE: Transfer Request MUST be made within thirty (30) days from date of sale to a private party.

Return signed document to:

ATTN: WiseCARE Transfer Request

Vehicle Service Administrator LLC, 1670 Fenpark Drive, Fenton, MO 63026 Phone: 888-205-0200 Fax: 636-680-0484 Email: clientservices@wisefandi.com