

# Guaranteed Asset Protection (GAP) Cancellation Application

Your Information			
Name: First	MI	Last	Suffix

If you terminate your enrollment within sixty (60) days of beginning your GAP coverage, we will issue a credit to the loan account for the amount you paid to enroll. After sixty (60) days, the fee is fully earned and non-refundable.

**Cancel my GAP.** *(Check the box below if you wish to waive or cancel protection for your loan.)*

Loan No.
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I waive or want to cancel this GAP.

By signing below, I request to cancel GAP on the specified loan.

Applicant Signature <i>(digital signatures not accepted)</i> ▶	Today's Date <i>(MM/DD/YY)</i>
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Please fax to **703-206-3132**.

<b>For Office Use Only</b>	Employee No.



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**Guaranteed Asset Protection (GAP)  
Cancellation of Protection  
Application**

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