

**PLEASE COMPLETE ALL OF THE INFORMATION REQUESTED TO EXPEDITE PROCESSING.
THANK YOU!**

Member's Name: _____

Street Address: _____

City, State, Zip: _____

Creditor Name: _____

Creditor/Contract No.: _____ GAP ID No.: _____

Vehicle: _____

Year Make Model

Vehicle Identification Number: _____

Effective Date of Waiver: _____

Reason for Cancellation: Member Request (Loan/Lease in-force)
 Other _____ (Loan/Lease in-force)
(Reason)

Cancellation Date: _____

Cancellation Provisions

Your GAP Contract may be cancelled at any time, however, you will receive a refund only under certain circumstances. If you cancel protection within the first 90 days, you will receive a full refund of your GAP purchase price. After 90 days, refund policies vary depending on state regulations. The refund policies are described in the GAP Contract you received when you purchased protection. Please refer to your GAP Contract for specific details. In the event a claim is filed, you are not eligible to receive a refund.

In order to cancel protection, you must complete and return this form or send any other notice of cancellation to the address provided below.

Member SignatureCredit Union Representative SignatureDate

Send Cancellation Requests to: CUNA Mutual Group
MEMBER'S CHOICE
2000 Heritage Way
Waverly, IA 50677
Fax Number: 608.236.8030
Toll-free Number: 888.557.8955

NOTE: Refund check will be sent to your credit union for disbursement.
(Please allow 2-3 weeks processing time for refunds.)