

## **Guaranteed Asset Protection (GAP) Services Application**

## Your Information

| Name: First                        | MI  | Last                           | Sumix                      |
|------------------------------------|---|--------------------------------|----------------------------|
| Access Number:                     |   |                                |                            |
|                                    | Protection (GAP) may reduce what your fitness that you fitness the deductible—for a one-time enror.                     |                                | t your insurance company   |
| GAP. If you terminate your enrolli | d in order to obtain credit. Our credit<br>ment within 60 days of purchasing G<br>ee is fully earned and non-refundable | AP, we will refund you for the | amount you paid to enroll. |
|                                    | ched Guaranteed Asset Protection P<br>rram. There are eligibility requirement   |                                |                            |

## Please review the following basic eligibility requirements:

- GAP is only available for cars, pickups, and SUVs no older than the current year plus seven years of age.
- The GAP amount canceled shall not exceed \$50,000 in total.
- The Loan-to-Value ratio for the vehicle must be 70% or higher.
- Auto Loans in the amount of \$7,500 or less with a term of 12 months or less are not eligible for GAP.
- Collection Refinance loans and charged off loans are not eligible for GAP.
- Insurance must be obtained and maintained on the vehicle.
- · Vehicle cannot be used for commercial purposes, which include ridesharing and food delivery activities.

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If you are a California Active Duty or Active Reserve-Duty servicemember, you cannot finance the GAP fee. Please choose option B below to deduct the fee from your account.

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| Loan # (last + digits only)                               | veriore viiv (last o digits offiy)   | verificite ivilleage                          |
|---|--|---|
| Please select your method of p                            | payment below:   |   |
| A: Add GAP fee of \$499 to the financing monthly payment. | of the loan. Financing the fee increases the overa   | Il cost of the coverage and may increase your |
| ☐ <b>B:</b> Deduct GAP fee of \$499 from my person        | onal Navy Federal Savings/Checking Account Num   | nber (full account number required)           |
| , ,   | ve permission to Navy Federal to enroll me<br>acrease the cost of the program. If I am cur | 9   |

will change the method of payment.

By signing below, I request GAP and agree to the terms in the Guaranteed Asset Protection Plan Agreement and Disclosure attached. Further, I understand and agree that the GAP election above amends any prior elections under the Promissory Note, Security Agreement, and Disclosure.

| Applicant Signature (digital signatures not accepted) | Today's Date (MM/DD/YY) |
|---|-------------------------|
|   |                         |

Please fax to 800-973-0584 or send via secured data upload at digitaluploads.navyfederal.org/uploadportal/sdu/gap.



Sign Me Up for GAP

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**Services Application** 



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