

# 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. If you terminate the Program, you may re-enroll one time during the life of the loan.**

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

Loan No.
----------

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>
▶	

Please fax to **800-973-0584** or send via secured data upload at [digitaluploads.navyfederal.org/uploadportal/sdu/gap](https://digitaluploads.navyfederal.org/uploadportal/sdu/gap).

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



on

**Guaranteed Asset Protection (GAP)  
Cancellation of Protection Applica-  
tion**

Applica

