

I hereby provide NMAC with express written consent to contact my life and disability insurer on my behalf for the purpose of investigating the refund status of the policy I financed on my NMAC account that was paid off early.

Name of Policy Holder: _____ Date: _____

Please complete the section below. NMAC will not be able to make an inquiry without this information.

Customer Name: _____
Life & Disability Insurer: _____
Insurer Address 1: _____
Insurer Address 2: _____
Insurer Phone No: _____
Policy No: _____

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