



If you are purchasing from or returning to a dealership:	If you are purchasing the vehicle from GM Financial:
<ol style="list-style-type: none"> <li>Take this form with you to the dealership.</li> <li>Complete and sign this document.</li> <li>Give the document to the dealer and get a copy for your records.</li> </ol> <p>If you forget this form and you don't sign an odometer statement at the dealership, complete this after you turn in your vehicle and send it GM Financial one of the following ways:</p> <ul style="list-style-type: none"> <li>By fax: <b>1-877-470-9870</b></li> <li>By email: <b>LeaseEndExperience@gmfinancial.com</b></li> <li>By mail:           <p style="margin-left: 20px;"><b>GM Financial</b> <b>P.O. Box 183692</b> <b>Arlington, TX 76096-3692</b></p> </li> </ul>	<p>Complete and send with payment to:</p> <p>GM Financial Leasing Attn: Treasury Operations P.O. Box 99606 Arlington, TX 76096-9606</p>

# LEASED VEHICLE ODOMETER DISCLOSURE NOTICE AND STATEMENT

Federal law (and state law, if applicable) requires that the lessee disclose the mileage of a leased vehicle to the lessor in conjunction with the transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment. Complete the disclosure form below and return it to GM Financial.

I, \_\_\_\_\_ (print name of person making disclosure) state that the odometer now reads \_\_\_\_\_ (no tenths) miles and (please check one box):

- I hereby certify that, to the best of my knowledge, it reflects the actual mileage of the vehicle described below; **or**
- I hereby certify that, to the best of my knowledge, the odometer reading reflects the amount of mileage in excess of its mechanical limits; **or**
- I hereby certify that the odometer reading is NOT the actual mileage.

VIN (Vehicle Identification Number):	Year:	Make:	Model:	Body Type:
Lessee Name:				
Lessee Address:				
_____ (Street)				
_____ (City)		_____ (State)	_____ (ZIP Code)	
<b>PLEASE SIGN HERE</b>				
_____ Lessee Signature				_____ Date of Statement

## FOR GMF USE ONLY BELOW THIS LINE

<b>Lessor Name and address:</b> GM Financial P.O. Box 183692 Arlington, TX 76096-3692	<b>Lessor Signature:</b> _____ <b>Date Disclosure Form Sent to Lessee:</b> _____ <b>Date Completed Disclosure Form Received by Lessor:</b> _____
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