



INVESTIGATION REQUEST FORM

To ensure that your identity theft investigation request is properly filed with GM Financial please complete this form, print and sign it.

GM Financial Account Number: _____

Victim's Full Name: _____

Victim's Social Security Number: _____

Victim's Mailing Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Email Address (optional): _____

Please provide details of the circumstances surrounding the identity theft claim below.

Victim's Signature