



**Investigation Request Form**

To ensure that your identity theft investigation request is properly filed with GM Financial, please provide the following information: (please print clearly)

GM Financial Account Number: \_\_\_\_\_

Victim's Full Name: \_\_\_\_\_

Victim's Social Insurance Number:  
(optional) \_\_\_\_\_

Victim's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

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

\_\_\_\_\_  
Victim's Signature