

MARS®

LOCK BOX TRANSFER FORM

I, _____, from _____,
(Agent Name) (Company)
give authorization to transfer the following lock boxes to

_____, from _____.
(Agent Name) (Company)

1. Lockbox Serial #
2. Lockbox Serial #
3. Lockbox Serial #
4. Lockbox Serial #
5. Lockbox Serial #
6. Lockbox Serial #
7. Lockbox Serial #
8. Lockbox Serial #

Signature of Seller

Date

* Call (410) 569-0750 for further transfer instructions. *