



SENTRILOCK LOCKBOX TRANSFER FORM

Transferring Agent/Owner

Name: _____ ID: _____

Office: _____

Lockbox Serial #'s:

- | | | |
|----------|-----------|-----------|
| 1. _____ | 7. _____ | 13. _____ |
| 2. _____ | 8. _____ | 14. _____ |
| 3. _____ | 9. _____ | 15. _____ |
| 4. _____ | 10. _____ | 16. _____ |
| 5. _____ | 11. _____ | 17. _____ |
| 6. _____ | 12. _____ | 18. _____ |

Total Number of Boxes Transferred: _____

Receiving Agent:

Name: _____

Office: _____

Phone: _____

Transferring Agent's Signature: _____ Date: _____

Receiving Agent's Signature: _____ Date: _____

Association Use Only

Transfer Completed on _____ by _____