FORM





MOINTOO PISCOUNT I OTO	1450	
Printed Retiree Name:		Emp. ID:
Purchaser's Name (if different):		Relationship:
Purchaser's Home Address (must be	same as Retiree):	
Retiree's Telephone #:()		Retiree's Date of Birth:
Vehicle being purchased Year:	Make:	Model:
Stock #:	VIN:	
Email address: benefits@	<u>Dcarmax.com</u> or <u>pension</u>	or approval. Please allow 1-2 business days for processing. n@carmax.com
	-	
Procedure The following must be understood by th	e Retiree wishing to make t they have read the Retire	a discount purchase. Our discount policy is an excellent benefit for our Retirees. By see Discount Policy and agree to abide by it. Failure to abide by the terms of the
		etiree Discount Policy. If the purchaser is not the Retiree, by signing this form, the sidence as the Retiree (this requirement is different than the Associate Discount
management team must provide an ema decline a Retiree Discount purchase with made. The Sales Consultant must call th	ail to the Benefits Departm nout this form. The form n e Solutions Center to tem	form was submitted but the vehicle was ultimately not purchased, the store tent with confirmation of the voided prior transaction. Store management may must be submitted and approved by the Benefits Department before the purchase is apporarily change the Retiree's Employee ID status to 'Active' in order for the purchase tent status will be changed back to 'Inactive' once the purchase is completed.
	nay be asked to wait; pleas	aken care of before a Retiree Discount purchase. Please immediately identify se be patient. No vehicles may be purchased on the weekends using the Retiree icksburg, and Atlanta locations).
Retiree Agreement and Signature By signing this form, I confirm I have rea	d the Retiree Discount Poli	icy and agree to the terms and conditions of the Policy and this form.
Retiree Signature:		Date:

Updated: 2/14/2024 Effective: 1/1/2023