JACKSONVILLE JAGUARS SEASON TICKET HOLDER TRANSFER REQUEST

As a courtesy to our season ticket members, Jacksonville Jaguars, LLC (the "Jaguars") offers you the opportunity to transfer a portion of your tickets. To validly do so, you must complete, sign, arrange for the transferee to sign, and return this form to the Jaguars (as directed below) by May 13, 2024.

CURRENT TICKET HOLDER INFORMATION (to be completed by current account holder):							
Name:			Jaguars ID:				
Phone:			Email:				
NFL Seasons Remaining Under Contract:			Price of Tickets: \$				
Seats I currently have:	Section:	Ro	w:	Seat(s):			
Seats I am keeping:	Section:	Ro	w:	Seat(s):			
Seats I am transferring:	Section:	Ro	w:	Seat(s):			
Seats to be released from my current account (if applicable):	Section:	Ro	w :	Seat(s):			

I hereby request that the Jaguars transfer the ticket(s) to Jacksonville Jaguars home games for the seasons specified above (the "Transferred Tickets") to the undersigned transferee. I authorize the Jaguars to apply any payments in respect of the Transferred Tickets that I have made to payments to be made by the transferee in respect of the Transferred Tickets. I authorize the Jaguars to transfer a pro rata portion of any deposit that I have paid in respect of my tickets to the transferee's account. I acknowledge that I will not receive a refund from the Jaguars for any such amounts that I have hereby elected to transfer.

The undersigned requests that the Jacksonville Jaguars, LLC change the above referred account holder as follows:

Name(s) to be added:		Name(s) to be removed:					
Signature:	Date:	Signature:	Date:				
NEW TICKET HOLDER INFORMATI	ON (to be completed by t	transferee):					
Name:	Jaguars ID (if available):						
Address:	City:		_State:				
Zip:	Phone:	E-mai	il:				
I understand and agree that I am assuming the tickets for the seats listed above in "Seats I am transferring".							
PAYMENT: Lump Sum Payment in Full * Payments will be split in substantially equal installments from the first month of payment through July. * Payments will begin in the month in which this form is properly and completely returned to and accepted by the Jaguars. Amount per month: # of Months: End: 07/20/2024 A Jaguars representative will contact you to obtain credit or debit card information.							
Pay As We Play Playoff Opt-In* * If Jaguars hosts one or more home playoff games in the Stadium (other than a Super Bowl), you shall have the option to purchase tickets for use of all (but not less than all) the seats for all Jaguars home playoff games scheduled during the 2024/25 NFL season, at the price set by Club or the NFL, and upon such other terms and conditions and pursuant to such procedures as Club or the NFL establishes.							
transferring ticket owner and the conditions set forth in <u>https://stati</u> ticket payments and all other oblig	Jaguars (the " <u>Contract</u> "). <u>c.clubs.nfl.com/image/up</u> ations under the Contract	By renewing my season ticket r load/jaguars/lh7b9xr3fkobvufivf for the Transferred Tickets for th	membership agreement between the membership, I agree to the terms and <u>o6</u> . I agree to assume responsibility for me remainder of the term. I understand my Contract if I elect not to renew the				

Signature: _____ Date: _____ Name (print): ____

term of the Contract.

RETURN FORM BY MAIL: Ticket Operations, 1 EverBank Stadium Drive, Jacksonville, FL 32202 BY FAX: (904) 633-6338 or BY EMAIL: ticketing@jaguars.com

For Jaguars use only.	
Jaguars representative approval:	Date: