



# Privacy Policy Opt-Out

One Form Per Person

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last Four Digits of SSN/TIN: \_\_\_\_\_

**Opt-Out Designation:**

- OPT-OUT:** I wish to limit sharing. Do not allow my personal information to be shared with other financial companies to jointly market products and services to me. Do not allow your affiliates to use my personal information to market to me
- OPT-IN:** Please cancel my previous request to Opt-Out for privacy purposes; I no longer wish to limit sharing. You may allow my personal information to be shared with other financial companies to jointly market products and services to me. You may allow your affiliates to use my personal information to market to me.

***When you limit sharing for an account held jointly with someone else, your choices will apply to everyone on your account.***

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

BANK USE ONLY	
Branch/Department:	
Employee Name:	
CIF:	
Date:	