

Important Privacy Choice for California Consumers

We are required by the California Financial Information Privacy Act to provide this notice to you annually.

You have the right to control whether we share some of your personal information.

Please read the following information carefully before you make your choice below.

YOUR RIGHTS

You have the following right to restrict the sharing of personal and financial information with our affiliates (companies we own or control). Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Restrict Information Sharing With Companies We Own or Control (Affiliates): Unless you say "No," we may share

YOUR CHOICE

personal and financial information about you with our affiliated companies.						
NO, please do not share personal and financial information with your affiliated co	ompanies					
TIME-SENSITIVE REPLY						
You may make your privacy choice at any time. Your choice marked here will remain we do not hear from you, we may share some of your information with affiliated com	•					
To exercise your choice, do one of the following:						
(1) Call Toll Free (877) 888-1024 and follow the simple prompts, OR						
(2) Fill out, sign and mail the form to us in the attached postage-paid envelope. (You may want to make a copy for your records.)						
First Name (Please Print):				11 11		
Last Name:	11 11 11 11 11 11 11 11 11					
Street Address:	11 11 11 11 11 11 11 11 11		11			
City:	State:		Zip:		11	
Last 4 digits of your Social Security Number:						
Signature:	Date:	/		/		