



IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

We are required by the California Financial Information Privacy Act to provide this notice to you annually. We will also send you an additional notice each year that tells you about your privacy rights under federal law.

YOUR RIGHTS

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. 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.

YOUR CHOICES

Restrict Information Sharing With Companies We Own or Control (Affiliates): Unless you say "No," we may share personal and financial information about you with our affiliated companies.

[] NO, please do not share personal and financial information with your affiliated companies.

Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services: Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services.

[] NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

TIME SENSITIVE REPLY

You may make your privacy choice(s) at any time. Your choice(s) will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

To exercise your choices do one of the following:

- Call us toll free: 1-800-826-6946
- Or, you may fill out, sign, and send back this form to us at P.O. Box 11419, Burbank, CA 91510. (You may want to make a copy for your records.)
- Or, you may submit online by signing into Home Banking

Name: (Please Print) _____

Account Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than street address) _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date** _____