

Statutory Form of Opt-Out Notice
California Financial Information Privacy Act (SB 1)
(FINANCIAL CODE 4050-4060)

Important Privacy Choice 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 choice below.

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 Choice

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.

Time Sensitive Reply

You may make your **privacy** choice at any time. Your choice marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with our affiliated companies.

Name (Print): _____

Account or Policy Number(s): _____
[to be filled in by consumer]

Signature: _____

To exercise your choice do one (1) of the following:

- (1) Call this toll-free number: (877) 504-9487, or
- (2) Fill out, sign, and mail this form back to us at: Acrisure, LLC, 100 Ottawa Ave SW, Grand Rapids, MI 49503