

# Version 4. Optional Mail-in Form.

## Mail-in Form

### Leave Blank

### OR

[If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below.]

- Apply my choices only to me]

Mark any/all you want to limit:

- Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
- Do not allow your affiliates to use my personal information to market to me.
- Do not share my personal information with nonaffiliates to market their products and services to me.

Name

Address

City, State, Zip

[Account #]

**Mail To:** [Name of Financial Institution], [Address1]  
[Address2], [City], [ST] [ZIP]