

## California Privacy Notice

### 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.**

#### 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.

#### Time Sensitive Reply

You may make your privacy choice(s) at any time. Your choice(s) marked here 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:**

- (1) Call this toll-free number: **1-855-857-3933**
- (2) Or, Reply electronically by contacting us through the following Internet option:  
**[www.VeteransUnited.com/opt-out/](http://www.VeteransUnited.com/opt-out/)**
- (3) Or, Fill out, sign and send back this form to us at:

VUHL Customer Service Center  
1400 Forum Blvd.  
Columbia, MO 65203

(You may want to make a copy for your records.)

Last Name (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Mailing Address (if different than street address): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_