

401 West 2nd Street San Bernardino, CA 92401-1570 (909) 889-0838 www.1stvalleycu.com

## PLEASE READ Important Privacy Choices for Consumers

If you have previously mailed in this privacy notice, there is no need to take action.

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 outside companies with which we do business. 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.

<u>Your Choice</u> Restrict Information Sharing With Other Companies With Which We Do Business 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 to you.

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

**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 other companies with which we have contracts to provide products and services.

## To exercise your choice, do the following:

- (1) Fill out, sign and send back this form to us using the envelope provided. Affix a stamp on the outside where indicated and mail (you may want to make a copy for your records).
- OR (2) Call this toll-free number (866) 429-7493 to speak to a Member Service Center Representative.
- OR (3) Reply electronically by emailing us at: creditunion@1stvalleycu.com (please write in the subject line: SB1 Opt-Out. Include your name and member number(s) in the body of the email).

(Please fill out below)	
NAME (PRINT)	
MEMBER NUMBER(S)	DATE
XSIGNATURE	

FORM 951 REV. 5/10

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