

If you do not want us to share "other personal information" with our affiliates, print and complete this form and send to us at Customer Service Department, P.O. Box 288429, Chicago, IL 60628. This request will remain in effect unless revoked by you in writing. (For joint accounts, a request by one owner will apply to all owners. If account owners live at different addresses, please ensure the addresses of all account holders are listed on this form.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Other joint account holder access (if different):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

[ ] Please do not share information about me with the Bank's affiliates that does not relate solely to the Bank's experiences or transactions with me unless otherwise permitted by law.

Signature \_\_\_\_\_