

Together Credit Union – Form for Requests to Opt-Out of Sharing Personal Information under CCPA/CPRA

INSTRUCTIONS: This form is used for submitting a “Request to Opt-Out” of sharing of Personal Information under the California Consumer Privacy Act of 2018 (“CCPA”) as amended by the California Privacy Rights Act of 2020 (“CPRA”). More information about consumers’ rights under these Acts, the types of requests that will be honored thereunder, and how Together Credit Union handles Personal Information is available on togethercu.org at the footer link “Privacy Choices of CA Residents” or at any California branch location. Specifically, this form allows you to exercise your right to opt-out of the sharing of your personal information for cross-context behavioral advertising.

By submitting a request through this form, you are directing Together Credit Union to stop sharing any Personal Information it may have about you to third parties for the purpose of cross-context behavioral advertising.

To submit a request, call us toll-free at 1-800-320-0462 OR use the online interactive webform which can be found at [here](#).

Additional alternative methods to submit this completed form are:

- a) Mail a copy to us at—Together Credit Union, Attention: Compliance Department 423 Lynch Street, Saint Louis, Missouri 63118; or
- b) Submit in-person at a Together Credit Union branch office located in California.

Please provide us with the information of the person associated with the Personal Information that is opting-out of sharing with third parties for cross-context behavioral advertising:

Name: (Last) (First) (Middle Initial) (Suffix)

Mailing Address

City State Zip

Request to Opt-Out

I affirm and attest that I am the individual whose name is stated above, or that I am authorized by the individual whose name is stated above to perform this opt-out, and that the above named person is currently a California resident . I hereby request, pursuant to the rights under the CCPA/CPRA, that Together Credit Union cease any Sharing of my Personal Information to third-parties to the full extent the CCPA/CPRA permits me to opt-out of such sharing, including sharing Personal Information for purposes of cross-context behavioral advertising. I understand that Together Credit Union will comply with this request, or respond to me with an explanation for why Together Credit Union cannot comply with this request, within 15 business days from the date Together Credit Union receives this request.

(Signature) Date (MM/DD/YY)

Name (Print)

I am (select one) the individual _____ requesting the opt-out, a parent or legal guardian for a minor under 13 years of age____, or an authorized agent* for the individual _____.

*If you are an authorized agent, pursuant to the CCPA/CPRA regulations, please supply Together Credit Union with a copy of the signed written permission authorizing you to act on the behalf of the individual listed for whom you are making this request. The permission form is titled “CCPA/CPRA Limited Power of Attorney” and can be found in any California branch location or online at the Together Credit Union website home page at togethercu.org at the footer link “Privacy Choices for CA Residents.” Please produce a copy of the signed written permission either in person or via mail as denoted in the “CCPA/CPRA Limited Power of Attorney” form. If you fail to supply such signed written permission, then Together Credit Union may deny this request.

How would you like to receive your response (select one):

- Via the address above (____)
- Email at _____ (____)
- Phone call at _____ (____)