Once completed, please mail this completed form to:

Vancity Community Investment Bank Corporate Privacy Office 401-183 Terminal Avenue Vancouver, BC V6A 4G2

Section 1- Opt-Out Request

| These priv | acy choices/ | will not affect my e | ligibility for | r products or service | es. By opting-out, | I am opting-out for all |
|------------|--------------|--------------------------------|----------------|-----------------------|--------------------|-------------------------|
| my Vancit | y Community | / Investment Bank [™] | " ("VCIB") | products and servic | es. | |

Check all that apply:

- 1. Please do **not** inform me of any new products or services, special promotional offers, financial advice by:
 - Mail Telephone Email
- 2. Please do **not** contact me for research or surveys by:
- 🗌 Mail 🔄 Telephone 📄 Email
- 3. Please do **not** share my personal information within the Vancity Group.

Section 2 - Personal Information

By opting-out, I understand that:

- I will not receive information on any new products or services, special promotional offers, or financial advice. However, I will continue to receive account statements and various statement inserts (if applicable).
- I will not be solicited for feedback on VCIB products and services.
- I can change my mind on these choices at any time by notifying VCIB in writing.
- This opt-out request may require up to 10 days to take effect.

| First Name | | | Initial | Last Name | | |
|-------------------------------|------------------|------|---------------|-----------|--|--|
| Prepaid Card / Account Number | | | | | | |
| Apt / Unit Number | Street Address | | | | | |
| City / Town | Province / State | Post | al / Zip Code | Country | | |

| X | |
|------------------|--------------------------|
| Member Signature | Date Signed (yyyy-mm-dd) |

| Internal Use Only | | | | | | |
|----------------------------------|------------------|---|-------------|--------------------------------|--|--|
| Employee Name | | | Number | Date Received (yyyy-mm-dd) | | |
| | | | | | | |
| Input completed on these systems | Forwarded to | | Copy to Pri | ivacy Office 183 Terminal Ave. | | |
| | 🗌 Visa | | Yes | | | |
| | Other Department | | | | | |
| | (please specify: |) | | | | |

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