

Mail-In Form

| Mark any / all you want to limit: | | |
|---|---|--|
| Do not sha | re my personal information with other financial institutions to jointly market to me. | |
| | Do not share information about my transactions and experiences with your affiliates for their everyday business purposes. | |
| Do not share information about my creditworthiness with your affiliates for their everyday business purposes. | | |
| Do not allow your affiliates to use my personal information to market to me. | | |
| | | |
| Name | | |
| Address | | |
| Zip Code | | |
| Account Number | | |
| Mail to: | Challenge Financial Services 1004 W Taft Ave Ste 100, Orange, CA 92865 | |