

SOUTH JERSEY FEDERAL CREDIT UNION PRIVACY POLICY OPT OUT NOTICE REPLY FORM

Member Account Number

Member Name: _____

(please print)

I have read the Privacy Notice disclosure provided by South Jersey Federal Credit Union and would like to exercise my right to opt out as permitted by law.

(If you do not wish to opt out of disclosure of information to non-affiliates no response is necessary).

I elect to opt out of disclosure of nonpublic personal information about me to nonaffiliated third parties, except as permitted by law.

Note: Any one listed on the account may elect to opt out on the account on behalf of all account holders.

Please opt me out from the following accounts:

All accounts on which I am listed; or

List specific accounts

Account Number _____ Account Number _____

Account Number _____ Account Number _____

Account Number _____ Account Number _____

Date _____ Signature _____

Please complete and return this form to South Jersey Federal Credit Union or call us at 800-582-7640.