



IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

We are required by the California Financial Information Privacy Act to provide this notice to you annually. We will also send you an additional notice each year that tells you about your privacy rights under federal law.

YOUR RIGHTS

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own, control or are owned by the same entity) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your account(s) with us. This includes sending you information about some other products and services.

YOUR CHOICES

Restrict Information Sharing With our Affiliates and with Other Companies We Do Business With to Provide Financial Products and Services: Unless you say "NO", we may share personal and financial information about you with our affiliated companies and with outside companies we contract with to provide financial products and services.

NO, please do not share personal and financial information with your affiliated companies or with outside companies you contract with to provide financial products and services.

TIME SENSITIVE REPLY

You may make your privacy choice(s) at any time. Your choice(s) will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

To exercise your choices do one of the following:

Call 1-844-542-5626, go online to www.snmc.com, or

You may fill out, sign and send back this form to us in the attached envelope.

Detach at the dotted lines and fold in half. Place a stamp on the outside where indicated and mail. (You may want to make a copy for your records.)

Please note that in order for us to process your request, the address you provide below must be a California address you've given to us in relation to your account.

Note: Do not use the attached envelope for mortgage payments or other requests.

Last Name (Please Print): _____

First Name: _____

Account Number: _____

Street Address: _____

City: _____ State: CA Zip: _____

Signature: _____

