

**SANTA CLARA COUNTY FEDERAL CREDIT UNION, and SCC FINANCIAL & INSURANCE SERVICES, INC., CALIFORNIA OPT-OUT**  
As of March 2010



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**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.**

**Your Rights**

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) 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 accounts with us. This includes sending you information about some other products or services.

**Your Choices**

**Restrict Information Sharing With Companies We Own or Control (Affiliates):** Unless you say “No”, we may share personal information about you with our affiliated companies for marketing purposes.

NO, please do not share personal and financial information with your affiliated companies for marketing purposes.

**Restrict Information Sharing 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 outside companies we contract with to provide financial products and services to you.

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

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**Time Sensitive Reply**

You may make your privacy choice(s) at any time. Your choice(s) marked here 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.

If we receive contradictory instructions, for example on the federal opt-out form, or for the same account number from a joint account holder, we will implement the instructions most protective of your privacy.

Name: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_

**To exercise your choices do one of the following:**

- (1) Fill out, sign and send back this form to us using the envelope provided (you may want to keep a copy for your records);
- (2) Call this toll-free number 1-800-282-6212; or
- (3) Reply electronically by [clicking here](#) or through the following Internet option: go to [www.sccfcu.org](http://www.sccfcu.org) and click on the “California Privacy Act” link on the bottom page.