

**Privacy Request to Limit Sharing of Information
(Opt Out) of Marketing to Affiliates**

Please do not share my personal or financial information with affiliates for marketing purposes.

Printed Name of Account Holder: _____

Last 4 Digits of Account Holder Social Security Number: _____

Last 4 Digits of Account Number: _____

Email Address: _____

Signature: _____

Date: _____

Please return the form by US Postal Service to:

Modern Woodmen Bank
PO Box 8005
Rock Island, IL 61204-9987

Or fax to: 1-800-851-9021

This form is available from our website, ModernWoodmenBank.com. Please select Privacy Notice located at the bottom of the page, then "Click Here" for a printer friendly version, top left.

For your convenience, you may call 877-255-2265, Option "0", and request to Opt Out of marketing. Our business hours are Monday – Friday, 9:00 AM-5:00 PM CT.

Your choices will apply to you alone unless you tell us otherwise.

Affiliates: Modern Woodmen of America, MWA Financial Services, Inc., MWAGIA Inc.

FDIC

