

## **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 choice below.

You have the following right to restrict the sharing of personal and financial information with our affiliates for marketing purposes. 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

services.	·
Restrict Information Sharing With Affiliated Companies: personal and financial information about you with our purposes.	
☐ NO, please do not share personal and financia companies for marketing purposes.	l information with your affiliated
You may make your privacy choice at any time. Your choice you state otherwise. However, if we do not hear from information with affiliated companies for marketing purpose.	you we may share some of your
If you previously told us "No.", you do not have to fill our already on file with us.	t another form since your choice is
To exercise your choice do one of the following:	
(1) Fill out, sign, date and send back this form to us usin want to make a copy for your records); or	ng the envelope provided (you may
(2) Call this toll-free number 800-992-3522; or	
(3) Email the form to: <u>AffiliateMarketing@aflac.com</u>	
To ensure accurate processing of this request, please comp (Please print clearly.)	plete the following:
Name:	Date of Birth:
Address:	
Policy Number:	