



Opt Out Instructions and Form

If you would like to exercise your right to opt out of information sharing (as described in the privacy policy notice), please complete the information requested below, print it and return to:

UNION FEDERAL SAVINGS BANK
ATTN: Corporate Compliance
1565 Mineral Spring Avenue
North Providence, RI 02904

Your election to opt out will not apply to those disclosures that we are permitted to make under applicable law. If you have previously opted out, you do not need to return this form again unless you subsequently rescinded your opt-out election.

I WISH TO OPT OUT OF UNION FEDERAL SAVINGS BANK SHARING MY NONPUBLIC PERSONAL INFORMATION ABOUT THE ACCOUNT(S) IDENTIFIED BELOW AS DESCRIBED IN THE PRIVACY POLICY.

To ensure that we process your election correctly, please provide us with the following information:

Your Name:
Your Address:
Your Account Number(s):