

San Diego County Credit Union (SDCCU)

Form for Requests under the California Consumer Privacy Act of 2018

INSTRUCTIONS TO CONSUMER: This form is to be used for submitting a "Request to Know" or "Request to Delete" under the California Consumer Privacy Act of 2018 ("CCPA"). For more information about the CCPA and associated consumer rights, please refer to [California Consumer Privacy Notice](#).

Upon completion, please submit the form using one of the two methods outlined below. Members or others who have a relationship with SDCCU may alternatively submit a request by calling (877) 732-2848.

(1) Mail a notarized copy (*see section below*) to:

PO Box 261209

San Diego, CA 92196-1209

(2) In-person submission at a SDCCU branch located in California. ([BRANCH LOCATOR](#))

| | | | |
|-----------------|-----------|-----|--------|
| Name: Last | First | MI | Suffix |
| Mailing Address | | | |
| City | State | Zip | |
| Email | Telephone | | |

Nature of Relationship with SDCCU

a.) Do you or did you have a relationship with SDCCU? This includes, for example, current and former members, persons who have applied for membership, beneficiaries, account holders and authorized users. Yes No

b.) If you selected "Yes" and you have an Access Number, please provide it: _____

If you are enrolled in online banking, we will send the response via eMessage; otherwise, we will mail the response to the address on file if you have a relationship with SDCCU, or the one provided above if you do not.

Type of Request (*Select Only One*):

I would like to access my personal information that has been collected or shared.

I would like to receive a copy of my personal information that has been collected in a portable and readily usable format.

I would like to correct the personal information you have about me.

I would like to delete the personal information you have about me (*exceptions may apply*).

We will process your request and provide a written response within 45 days. If we need additional time, we will contact you in the manner specified above.

Signature

Date (MM/DD/YY)



Notary Public (*For Mailed-In Forms*)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____,
(insert name and title of the officer)

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

FOR SDCCU INTERNAL USE ONLY

(FOR VERIFICATION OF CONSUMER REQUESTS PURSUANT TO THE CCPA)

Identity Verified Unable to Verify Identity

Identification Supplied (*If Applicable*)

Driver's License Passport Military ID Other Government-Issued ID