

PACIFIC CITY BANK (PCB)
California Consumer Privacy Act

Rev. 12/2019

Opt-Out Request form

Please complete this form (one per individual) to make an Opt-out request that is available for **Consumers** (natural persons who are California residents) regarding the sale of your personal information. If you are 16 years of age or older, you have the right to direct us to not sell your personal information at any time (the "Right to Opt-Out") under the California Consumer Privacy Act. We do not sell the personal information of consumers we actually know are less than 16 years of age. To exercise your Right to Opt-Out, please complete the information requested in this form.

Once you make an Opt-Out Request, we will wait at least twelve (12) months before asking you to reauthorize personal information sales. However, you may change your mind and opt back in to personal information sales at any time by visiting the following Internet Web page link: www.paccity.net/en/misc/privacy

You do not need to create an account with us to exercise your opt-out rights. We will only use personal information provided in an opt-out request to review and comply with the request.

You may make an Opt-Out Request by telephoning PCB at 888-979-8133 and providing the required information, by submitting this completed form via email at privacy@paccitybank.com, or by presenting this completed form in-person at a branch.

CONTACT INFORMATION - CONSUMER

FIRST NAME: _____ MIDDLE NAME: _____ LAST: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____ CONTACT PREFERENCE: _____

CONTACT INFORMATION – AUTHORIZED AGENT

FIRST NAME: _____ MIDDLE NAME: _____ LAST: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____ CONTACT PREFERENCE: _____

* PCB requires proper documents supporting/evidencing authorization to make request on behalf of Consumer.

ACCOUNT NUMBER(S): _____ ACCOUNT TYPE(S): _____

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OR TRANSACTION DATE(S): _____ (for Non-accountholders) TRANSACTION TYPES: _____

By signing below, Pacific City Bank is hereby authorized to process this Opt-Out Request and prevent the sale of this customer's personal information in accordance with the appropriate identification verification procedures.

SIGNATURE: _____ DATE: _____