



MEMBERS 1st
FEDERAL CREDIT UNION

<u>Office Use Only</u>
Associate Symitar # _____
Branch _____
Date Entered _____
Date Sent to Member Services Support _____

OPT-OUT NON-SOLICITATION FORM

I prefer to be excluded from the following (check all that apply):

- Direct marketing mail from Members 1st Federal Credit Union that contains valuable product and services offers (This does not include statements of account).
- Telemarketing to inform you of valuable product and services offers.
- Email marketing to inform you of valuable product and services offers.
- Do not allow your affiliates to use my personal information to market to me (Members 1st Insurance Services and Members 1st Settlement Services)
- Do not share my personal information with nonaffiliates to market their products or services to me (Progeny Marketing Innovations, Inc. and CUNA Mutual Insurance Society and Fetch Insurance Services, LLC).

Account number _____

Primary Name _____

Address _____

Signature _____

Please be aware that your opt-out choices will apply to you and any joint-owners. Allow six weeks for your request to take effect.

Either mail your completed form to the address below or drop it off at any of our branch locations.

Members 1st Federal Credit Union
 Attention: TeleBranch
 P.O. Box 8893
 Enola, PA 17025