

CALIFORNIA CONSUMER PRIVACY ACT VERIFIABLE REQUEST AND DECLARATION

Each party to a multi-party account must submit a separate verifiable request. If your account with us has more than one individual associated to it (a joint account or a cosigner account), we will only provide the personal information of the individual submitting the verifiable request.

| | | |
|---|-----|----|
| 1. Are you a current customer of CIG Financial, or have you ever been a customer of CIG Financial? (Circle Yes or No) | YES | NO |
| 2. If you are not a customer and have never been a customer, was your application for financing a motor vehicle submitted to us for consideration? (Circle Yes or No) | YES | NO |

Please indicate the type of information you are requesting:

Categories and Sources Specific Personal Information Both Categories and Specific

INDIVIDUAL REQUEST

| First Name | | Middle Name | | Last Name | | | |
|---|--|-------------|-------------|-----------|-------------|--|--|
| | | | | | | | |
| Last 4 Digits Of Your Social Security Number or Taxpayer IDN: | | | | | | | |
| Your CIG Financial Account Number (If Known): | | | | | | | |
| Current Street Address | | | | | | | |
| | | | | | | | |
| City | | | State | | Zipcode | | |
| | | | | | | | |
| Previous Address On File With Us (If Any) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Email Address | | | Telephone 1 | | Telephone 2 | | |
| | | | | | | | |

DECLARATION

I, (Print Your Name) _____
certify (or declare) under penalty of perjury that I am the consumer whose personal information is subject to the request under the California Consumer Privacy Act ("CCPA") and that all the information I have provided to CIG Financial, LLC accompanying this CCPA request is true and correct.

Executed On This (Enter Date of Declaration) _____ Day of _____, 20 _____

Executed At (Enter City and State Where Declared) _____

Signature _____

The CCPA applies solely to California residents. If you are not a current California resident we will not process your request. If you do not provide a signature and any of the information we need to process this request, we will not process your request. Any disclosure we provide will cover the personal information that CIG Financial has collected from you in the twelve (12) month period immediately preceding the date we receive your request. Our response will be delivered to you by regular US mail to the current address you provided us on this verifiable request form.

Mail this form to:

**CIG FINANCIAL PRIVACY
PO BOX 19795
IRVINE, CA 92623**

You must mail this form to us at the address provided above. We will not accept or process your request if submitted via fax or email.