

Form for Request to Know and/or Delete Personal and/or Household Information under the California Consumer Privacy Act of 2018 (CCPA)

120_Form for Request to Know and/or Delete Personal and/or Household Information Under The California Consumer Privacy Act of 2018 (CCPA) - 06/2020

Consumer; Last Name _____ First Name _____
MI _____ Suffix _____ Date of Birth _____
Mailing Address _____ City _____
State _____ Zip Code _____ Email _____ Phone _____

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). Completed forms require notarization and may be submitted, in-person at an Xceed Financial Center, or by mail to: Xceed Financial Federal Credit Union, Attn: Risk Management Dept, 888 North Nash Street, El Segundo, CA 90245. We will respond to you request(s) via U.S. mail or email using the information provided. For additional information about CCPA and how Xceed Financial Federal Credit Union protects your personal data and responds to your requests, please visit our website at <https://www.xfcu.org/privacy-security>.

Authorized Agent (If applicable)

If you are an authorized agent for the above referenced consumer, we will request a copy of your government issued identification card, and the source of your authority to act on behalf of the consumer (e.g. POA, letters of conservatorship, written instructions, etc.). Additional details regarding what we need to verify you and your request will be provided to you within 10-business days of your submission of this form.

If you are not the consumer making the request, but rather an authorized agent of the consumer, please provide consumer's authorized agent information below:

Authorized Agent; Last Name _____ First Name _____
MI _____ Suffix _____ Date of Birth _____
Mailing Address _____ City _____
State _____ Zip Code _____ Email _____ Phone _____

Please indicate your relationship with Xceed Financial Federal Credit Union below: (References to "you" or "your" mean consumer, not the consumer's authorized agent.)

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

If you marked "yes" above, please provide the last five digits of your membership number: _____

Please select all of the following that apply to your request:

1. Request to Know (Please check all that apply to your request.)

- Categories of personal information we collect
- Categories of sources of collection
- Business or commercial purpose for collection
- Categories of third parties with whom information is shared
- Specific pieces of information (specify here):

2. Request to Delete Personal Information? (Exceptions may apply.) Yes No

3. Household Information Request

Does your request include household information? Yes No

If you check "yes" to request to know personal information and/or request to delete personal information, you are asking to provide information collected and/or to delete such information about everyone who resides with you and shares a service that we provide with you.

To process this request, we need you to provide the names, date of birth, and postal address of your residence. Please complete the information below:

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Household Address _____ City _____ State _____ ZIP _____	
Household Members (including yourself)	Last Name _____ First Name _____ MI _____ Suffix _____ Date of Birth _____
	Last Name _____ First Name _____ MI _____ Suffix _____ Date of Birth _____
	Last Name _____ First Name _____ MI _____ Suffix _____ Date of Birth _____
	Last Name _____ First Name _____ MI _____ Suffix _____ Date of Birth _____
	Last Name _____ First Name _____ MI _____ Suffix _____ Date of Birth _____
	Last Name _____ First Name _____ MI _____ Suffix _____ Date of Birth _____

By completing and signing this form, I confirm that I am a resident of California and the information I have provided is accurate. I understand that it may be a criminal offence to (attempt to) obtain or disclose personal data unlawfully. I authorize Xceed Financial to contact the consumer and/or the consumer's authorized agent (if applicable) for identity verification purposes in accordance with Xceed's legal obligations.

I declare under the penalty of perjury that the above stated is true and accurate.

Signature _____	Date (MM/DD/YYYY) _____
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Please indicate the notary cost, if notarization was not performed at an Xceed Financial Center: _____

NOTARY PUBLIC (FOR IN-PERSON OR MAILED-IN FORMS)

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 _____
COUNTY OF: _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____ by _____
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary

(Seal)