Request Form

You may order information on yourself or someone whom you have legal authority over, such as a minor. If you are ordering information for someone other than yourself, you will need to submit paperwork to prove you have authorization. Please call to speak to a live Consumer Center representative at 1-888-217-1591 or contact us by email at ConsumerPrivacy@lexisnexisrisk.com.

To submit a request, you are required to provide your First Name, Last Name, Street Address, City, Zip, and Date of Birth. Depending on the type of request, you may also be required to provide one of the two following optional fields: Social Security Number or Your Driver’s License Number and State. The information that you provide will only be used by us to verify your identity and for consumer disclosure purposes. It will not be provided or sold to any other company. We may not be able to comply with your request if we are unable to confirm your identity or to connect the information you submit in your request with personal information in our possession.

Please complete all of the sections on the form so that we may properly process your request. If we are unable to process your request, we will notify you via U.S. Mail.

Personal Information:

Note: *required *At least one is required

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Middle Name</th>
<th>Last Name*</th>
<th>Suffix (e.g., Sr., Jr., III)</th>
</tr>
</thead>
</table>

Resident Address:

<table>
<thead>
<tr>
<th>Street Address*</th>
<th>City *</th>
<th>State*</th>
<th>Zip*</th>
</tr>
</thead>
</table>

Delivery Address (Mailing Address) if Not the Same as Resident Address:

<table>
<thead>
<tr>
<th>Street Address*</th>
<th>City *</th>
<th>State*</th>
<th>Zip*</th>
</tr>
</thead>
</table>

Email

Email is optional but must be provided and verified to include email-linked data in your request.

Additional Options for California Residents

As a California resident, you have the ability to order additional options under the California Consumer Privacy Act. To request any of the following options, please select the checkboxes that apply to your request:

Request My Information

Select the Request My Information checkbox below to request a copy of your information. California residents will receive a LexisNexis® Consumer Disclosure Report and a California Consumer Privacy Act Report.

☐ Request My Information

Notice of Right to Opt-Out: A Do Not Sell My Personal Information request, sometimes referred to as an opt-out request, will prevent your personal information that is subject to the requirements of the CCPA from being sold to a third party. We offer two opt-out options. A “Global Opt-Out” request will opt-out all your personal information we maintain that is subject to the requirements of the CCPA. A “Partial Opt-
Out” request will opt-out all your personal information we maintain that is subject to the requirements of the CCPA except for any data we have relative to your occupation or profession, which will continue to be sold to third parties. In either case, an opt-out request will not apply to information that is exempt from the requirements of the CCPA. If you have previously opted out but instead want to authorize your personal information to be sold, you may submit an “Opt-In” request. For more information, or for additional methods to submit an opt-out request, see our California Consumer Privacy Act Homepage https://consumer.risk.lexisnexis.com/california.

- (Global Opt-Out) Do Not Sell My Personal Information
- (Partial Opt-Out) Allow for the Sale of My Professional Information but otherwise Do Not Sell My Personal Information

Important Message Regarding Your Professional Information

As a California resident, in some circumstances you may be able to request to opt-out of your personal information being sold to third parties, which may include some professional information. However, please be advised that opting out of the sale of your professional information may result in the following:

- Incorrect or incomplete information in directories for patients and members when searching for you and your practice
- Delayed prescription fills and/or denial of prescriptions for your patients at point of dispensing; and/or
- Decreased ability for you and your practice to be identified for referrals.

- (Opt-In) Allow for the Sale of My Personal Information

Note: An opt-in request can be submitted to remove a CCPA opt-out from your file in the event you want your personal information to continue to be sold to a third party.

- Delete My Personal Information Request

LexisNexis Risk Solutions will use your personal information in compliance with our CCPA Privacy Notice, which is available at: https://risk.lexisnexis.com/ccpa-privacy-notice

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Phone</th>
<th>Date of Birth*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver’s License Number</td>
<td>Driver’s License State</td>
<td></td>
</tr>
</tbody>
</table>

Your Social Security Number or your Driver’s License Number and Driver’s License State are not required to submit an Opt-Out or Opt-In request. However, providing this information will help us locate your information and process your request.

Send your completed form back to us via U.S. Mail at the address identified below:

Consumer Center
Attn: California Consumer Privacy Act Request
P.O. Box 105108
Atlanta, GA 30348-5108
ConsumerPrivacy@lexisnexisrisk.com

Once your request has been received, you will receive a letter via U.S. Mail within two weeks.

SIGNATURE DATE