

## Request an Opt-Out Form

You may be required to submit proof of your identity for certain requests to be processed. Such information may include your First Name, Last Name, Street Address, City, Zip, and Date of Birth, and either your Social Security Number or your Driver's License Number and State. This information will be used only for the purposes of verifying your identity and processing your request. 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 read all instructions on this page before completing this form. To request an Opt-Out, complete all required fields identified with an asterisk (\*). **Note:** You must be at least 18 years of age to submit this form. You may choose as many or as few options to Opt-Out as you prefer.

This form is applicable to opt-outs for Direct Marketing Services, Firm Offers of Credit and Insurance (Prescreen), and Personal Safety Concerns. Opt-outs under State Privacy Acts and Security Freeze requests, respectively, are handled through different forms.

### Who is this request for? (Choose one) \*

- This request is for **Myself**.
- This request is for **Someone Else** (I am authorized to act on their behalf).
  - \*Who are you submitting the request for? (Choose one)\*
    - I am submitting this request on behalf of a **minor child** (under the age of 16)
    - I am submitting this request on behalf of a **Protected Consumer** (incapacitated and has a guardian or conservator, or similar protected class under law such as a consumer in foster care)
    - I am **not** submitting this request on behalf of a protected consumer or a **minor child** (under the age of 16)

Section 1 - Your Information*			
Your Information*			
First Name*			
Last Name*		Suffix (JR., SR., IV)	
Middle Name			
Residential Address*	Street Address *		
	City *	State *	Zip Code *
Mailing Address* (If different from Residential Address)	Street Address *		
	City *	State *	Zip Code *
Telephone Number	(      )		
Email			
(Note: Email is optional but must be provided and verified to include email-linked data in your request.)			
Date of Birth (DD/MM/YYYY)*			
Social Security Number			
Driver's License Number		Driver's License State	

## Section 2 - Request an Opt-Out on behalf of someone else.

If you are submitting this request for yourself, you may **skip this section** and proceed directly to: Section 3 - 'Select the Opt-Out Option(s) You Wish to Apply'. If you are submitting this request on behalf of someone else, please complete this section with the personal information of the individual for whom you are submitting the Opt-Out request.

**Important:** By submitting this form on someone else's behalf, you confirm that you are legally authorized to act for this individual.

Consumer Information* Please enter the information of the consumer for whom you are submitting this request.			
First Name*			
Last Name*		Suffix (JR., SR., IV)	
Middle Name			
Residential Address*	Street Address *		
	City *	State *	Zip Code *
Mailing Address* (If different from Residential Address)	Street Address *		
	City *	State *	Zip Code *
Telephone Number	(    )		
Email:			
Date of Birth (DD/MM/YYYY)*			
Social Security Number			
Driver's License Number		Driver's License State	

Authorization Documents :* To demonstrate that you are the authorized representative, parent, or guardian for the consumer, please <u>select one</u> of the options below that specifies which document(s) you are providing with your request:	
<input type="checkbox"/>	A court-issued order identifying and appointing you as the legal guardian of the consumer's financial affairs.
<input type="checkbox"/>	If the consumer has been placed in foster care, a written communication issued by a county welfare department or its agent or designee, or probation department or its agent or designee certifying the consumer is in foster care under its jurisdiction.
<input type="checkbox"/>	A lawfully executed and valid power of attorney.

### Section 3 - Select the Opt-Out Options (s) you Wish to Apply.

You may choose as many or as few options to Opt-Out as you prefer.

Please select the Opt-Out option(s) you wish to apply:

<input type="checkbox"/>	<p><b>Opt-Out of Direct Marketing Services:</b> LexisNexis Risk Solutions FL Inc. provides direct marketing services to customers to help their marketing campaigns reach consumers who are more likely to be interested in receiving such information. Opting out of direct marketing services will prevent your applicable information from being used in unsolicited communications from LexisNexis Risk Solutions FL Inc.'s direct marketing products used by its customers. However, please note our company is not the only direct marketing company in the industry. Opting out of our LexisNexis Risk Solutions FL Inc. databases will not prevent other companies from sending you direct marketing materials or making telemarketing calls. Opting out of Direct Marketing Services also does not apply to Fair Credit Reporting Act Firm Offers of Credit and Insurance (Prescreen) Opt-Outs, which are discussed separately below.</p> <p>The Direct Marketing Association (DMA) (<a href="http://www.dmachoice.org">www.dmachoice.org</a>) also provides individuals with a form to use to have their applicable information removed from other direct marketers' mail, e-mail, and telephone call lists. LexisNexis Risk Solutions FL Inc. honors Opt-Out requests made through the DMA's services. We also comply with national Do-Not-Call (DNC) requirements and honor Opt-Out requests through that service. To add your applicable information to the national DNC list, you may register at <a href="http://www.donotcall.gov">www.donotcall.gov</a>. Many states have also created DNC lists for their residents.</p>
<input type="checkbox"/>	<p><b>Opt-Out of Firm Offers of Credit and Insurance (Prescreen):</b> <u>Selecting this option will permanently opt you out of lists that LexisNexis Risk Solutions Inc. and Sage Stream, LLC provide to businesses for the purpose of making you a firm offer of credit or insurance.</u> You may, however, continue to receive offers from businesses that use other vendors to help compile their prescreened lists. Removing your applicable information from the prescreen list <u>does not</u> affect your ability to apply for or obtain credit or insurance. If you wish to contact us directly, please call the LexisNexis Risk Solutions Consumer Center toll-free at 1-866- 490-1920. Please note that opting out of LexisNexis Risk Solutions Inc. and SageStream, LLC. prescreen list for firm offers of credit and insurance does not opt you out of the Equifax, TransUnion, Experian, or other third-party lists. To also remove applicable information from the Equifax, TransUnion, or Experian lists, call 1-888-567-8688.</p>
<input type="checkbox"/>	<p><b>Opt-Out due to personal Safety Concerns:</b> Select this option to Opt-Out of LexisNexis Risk Solutions FL Inc. Restricted Public Record Products. Public and elected officials, including judges or judicial officers, law enforcement officers, and private individuals who are at risk due to a threat to their safety or where allowed by law, may request to have personal information about themselves suppressed from LexisNexis Risk Solutions FL Inc. products and services available to subscribers of our restricted public records products. Restricted Public Record Products are available to commercial and government entities that meet credentialing requirements and are used to detect and prevent fraud, enforce transactions, perform due diligence, and other critical business and government functions. <b>Please note that this option requires you to submit supporting documentation to Opt- Out of Restricted Public Record Products, unless not required by law.</b> Certain state laws provide judges or judicial officers, law enforcement officers, and specific public and elected officials the ability to Opt-Out of public records products.</p> <ul style="list-style-type: none"> <li>• If you are a judge or judicial officer, law enforcement officer, or public official, submit documentation substantiating your role or a letter from your supervisor stating that your position exposes you to a threat of personal safety; or,</li> <li>• If your safety is at risk and you are Not a public official or you do Not work in law enforcement, submit a copy of a court protective order, a copy of a police report, or similar documentation such as a letter from a shelter administrator or a health care professional.</li> </ul> <p>If you are a judge or judicial officer, law enforcement officer, child protective investigator or other Covered Person submitting your request under New Jersey law P.L. 2023, c.113, P.L.2021, c.371 and Section 3 of New Jersey P.L.2015, c.226 (C.56:8-166.1) you are not required to provide additional supporting documentation at this time.</p> <p>Please understand that by opting out, you may experience future difficulty using online systems for such things as instant identity and insurance verification.</p>

### Section 3 - Select the Opt-Out Options (s) you Wish to Apply. (Continued)

If you are **not** opting out due to Personal Safety Concerns, please **skip this page** and proceed directly to **Section 4** to sign and date the Opt-Out Form.

**Opt-Out due to personal Safety Concerns:** To opt out due to personal safety concerns, please **select one** of the reasons below. \* **Select only one reason:**

<input type="checkbox"/> <b>I am a public/elected official</b> - Select this option if you are a public/elected official. *Supporting documentation is required for this type of request. Please include a letter from your supervisor stating that your position exposes you to a threat of death or bodily harm with your request. Please provide your title and the name of your agency.
Title:
Name Of Agency:
<input type="checkbox"/> <b>I am a Law Enforcement Officer</b> - Select this option if you are a law enforcement officer. *Supporting documentation is required for this type of request. Please include a letter from your supervisor stating that your position exposes you to a threat of death or bodily harm with your request. Please provide your title and the name of your agency below:
Title:
Name Of Agency:
<input type="checkbox"/> <b>I am a judge or judicial officer</b> – Select this option if you are a judge or judicial officer. *Supporting documentation is required for this type of request. Please include a letter from your supervisor stating that your position exposes you to a threat of death or bodily harm with your request. Please provide your title and the name of your agency below:
Title:
Name Of Agency:
<input type="checkbox"/> <b>I am at risk of physical harm/ I am Not a public/elected official, law enforcement officer, judge, or judicial officer</b> - Select this option if you are at risk of physical harm but do not work in law enforcement, you are not a public/elected official, judge, or judicial officer. *Supporting documentation is required for this type of request. Please include a copy of a court protective order, a copy of a police report, or similar documentation, such as a letter from a shelter administrator or a health care professional, with your Opt-Out Request. Please provide the police jurisdiction and report number of your case and the Nature of Risk below:
Jurisdiction:
Report Number:
Nature of Risk:

**Section 4 - Please sign and date and mail your Opt-Out Form to the address below:**

LexisNexis Risk Solutions Consumer Center  
Attn: Opt-Out/Opt-In  
P.O. Box 105108  
Atlanta, GA 30348-5108

**Opting Out Pursuant to Your State Privacy Law:** Certain States grant their residents rights with respect to their personal information. To view information regarding privacy rights in your state, visit our website at <https://consumer.risk.lexisnexis.com/privacy>.

If you would like additional information on the LexisNexis Risk Solutions Privacy Policy and Opt-Out options, please visit our website at <https://risk.lexisnexis.com/group/privacy-policy>.

**Security Freeze:** You may also request a security freeze regarding information under the Fair Credit Reporting Act. Applying a security freeze prohibits LexisNexis Risk Solutions Inc. and SageStream, LLC from releasing your LexisNexis Consumer Disclosure Report, your SageStream Consumer Report, or your credit score without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

Visit our website at <https://consumer.risk.lexisnexis.com/freeze> to view information regarding security freezes.

Once we have processed your request, you will receive a letter via U.S. Mail

SIGNATURE*	DATE*
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## Request an Opt-In Form

You may be required to submit proof of your identity for certain requests to be processed. Such information may include your First Name, Last Name, Street Address, City, Zip, and Date of Birth, and either your Social Security Number or your Driver's License Number and State. This information will be used only for the purposes of verifying your identity and processing your request. 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 read all instructions on this page before completing this form. To request an Opt-In, complete all required fields identified with an asterisk (\*). **Note:** You must be at least 18 years of age to submit this form. You may choose as many or as few options to Opt-In as you prefer.

This form is applicable to opt-in to Firm Offers of Credit and Insurance (Prescreen), and Personal Safety Concerns. Opt-Ins under State Privacy Acts and Security Freeze requests, respectively, are handled through different forms.

### Who is this request for? (Choose one) \*

- This request is for **Myself**.
- This request is for **Someone Else** (I am authorized to act on their behalf).
  - \*Who are you submitting the request for? (Choose one)\*
    - I am submitting this request on behalf of a **minor child** (under the age of 16)
    - I am submitting this request on behalf of a **Protected Consumer** (incapacitated and has a guardian or conservator, or similar protected class under law such as a consumer in foster care)
    - I am **not** submitting this request on behalf of a protected consumer or a **minor child** (under the age of 16)

Section 1 - Your Information*			
Your Information*			
First Name*			
Last Name*		Suffix (JR., SR., IV)	
Middle Name			
Residential Address*	Street Address *		
	City *	State *	Zip Code *
Mailing Address* (If different from Residential Address)	Street Address *		
	City *	State *	Zip Code *
Telephone Number	(      )		
Email			
(Note: Email is optional but must be provided and verified to include email-linked data in your request.)			
Date of Birth (DD/MM/YYYY)*			
Social Security Number			
Driver's License Number		Driver's License State	

## Section 2 - Request an Opt-In on behalf of someone else.

If you are submitting this request for yourself, you may [skip this section](#) and proceed directly to: Section 3 - 'Select the Opt-In Option(s) You Wish to Apply'. If you are submitting this request on behalf of someone else, please complete this section with the personal information of the individual for whom you are submitting the Opt-In request.

**Important:** By submitting this form on someone else's behalf, you confirm that you are legally authorized to act for this individual.

<b>Consumer Information*</b> Please enter the information of the consumer for whom you are submitting this request.			
<b>First Name*</b>			
<b>Last Name*</b>		<b>Suffix (JR., SR., IV)</b>	
<b>Middle Name</b>			
<b>Residential Address*</b>	<i>Street Address *</i>		
	<i>City *</i>	<i>State *</i>	<i>Zip Code *</i>
<b>Mailing Address* (If different from Residential Address)</b>	<i>Street Address *</i>		
	<i>City *</i>	<i>State *</i>	<i>Zip Code *</i>
<b>Telephone Number</b>	(    )		
<b>Email:</b>			
<b>Date of Birth (DD/MM/YYYY)*</b>			
<b>Social Security Number</b>			
<b>Driver's License Number</b>		<b>Driver's License State</b>	

<b>Authorization Documents *</b> To demonstrate that you are the authorized representative, parent, or guardian for the consumer, please <u>select one</u> of the options below that specifies which document(s) you are providing with your request:	
<input type="checkbox"/>	A court-issued order identifying and appointing you as the legal guardian of the consumer's financial affairs.
<input type="checkbox"/>	If the consumer has been placed in foster care, a written communication issued by a county welfare department or its agent or designee, or probation department or its agent or designee certifying the consumer is in foster care under its jurisdiction.
<input type="checkbox"/>	A lawfully executed and valid power of attorney.

### Section 3 - Select the Opt-In Options (s) you Wish to Apply.

You may choose as many or as few options to Opt-In as you prefer.

Please select the Opt-In option(s) you wish to apply:	
<input type="checkbox"/>	<p><b>Opting back into Firm Offers of Credit and Insurance (Prescreen):</b> <u>Selecting this option will permanently opt you out of lists that LexisNexis Risk Solutions Inc. and Sage Stream, LLC provide to businesses for the purpose of making you a firm offer of credit or insurance.</u> You may, however, continue to receive offers from businesses that use other vendors to help compile their prescreened lists. Removing your applicable information from the prescreen list <u>does not</u> affect your ability to apply for or obtain credit or insurance. If you wish to contact us directly, please call the LexisNexis Risk Solutions Consumer Center toll-free at 1-866- 490-1920. Please note that opting out of LexisNexis Risk Solutions Inc. and SageStream, LLC. prescreen list for firm offers of credit and insurance does not opt you out of the Equifax, TransUnion, Experian, or other third-party lists. To also remove applicable information from the Equifax, TransUnion, or Experian lists, call 1-888-567-8688.</p>
<input type="checkbox"/>	<p><b>Opting back in after you have opted out due to personal Safety Concerns:</b> Select this option if you have previously opted out due to personal safety concerns but would like to opt back into LexisNexis Risk Solutions FL Inc. Restricted Public Record Products. Restricted Public Record Products are available to commercial and government entities that meet credentialing requirements and are used to detect and prevent fraud, enforce transactions, perform due diligence, and other critical business and government functions.</p>

### Section 4 - Please sign and date and mail your Opt-In Form to the address below:

LexisNexis Risk Solutions Consumer Center  
 Attn:Opt-Out/Opt-In  
 P.O. Box 105108  
 Atlanta, GA 30348-5108

**Opting In Pursuant to Your State Privacy Law:** Certain States grant their residents rights with respect to their personal information. To view information regarding privacy rights in your state, visit our website at <https://consumer.risk.lexisnexis.com/privacy>.

If you would like additional information on the LexisNexis Risk Solutions Privacy Policy and Opt-In options, please visit our website at <https://risk.lexisnexis.com/group/privacy-policy>.

**Security Freeze:** You may also request a security freeze regarding information under the Fair Credit Reporting Act. Applying a security freeze prohibits LexisNexis Risk Solutions Inc. and SageStream, LLC from releasing your LexisNexis Consumer Disclosure Report, your SageStream Consumer Report, or your credit score without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

Visit our website at <https://consumer.risk.lexisnexis.com/freeze> to view information regarding security freezes.

Once we have processed your request, you will receive a letter via U.S. Mail

<b>SIGNATURE*</b>	<b>DATE*</b>
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