



Founders Federal Credit Union and its Affiliate Credit Union Service Organization,  
Founders Financial Group, doing business as Founders Insurance Services

PRIVACY OF MEMBER AND FORMER MEMBER INFORMATION  
Opt-Out Form

To Founders Federal Credit Union and Founders Financial Group, doing business as Founders Insurance Services:

I want to opt out of the disclosure of nonpublic personal information about me to third parties who will use the information to market non-Credit Union services to me, and opt out of the exchange of information (other than information about transactions and experiences) between the Credit Union and Founders Financial Group, doing business as Founders Insurance Services.

I can change my opt-out election any time by contacting Founders Federal Credit Union.

My Name: \_\_\_\_\_

My Address: \_\_\_\_\_  
\_\_\_\_\_

My Account Number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature Date

If this opt-out applies to a joint account, or joint loan, the opt-out will apply to myself and the joint owners/borrowers identified below:

\_\_\_\_\_  
Joint Name Account Number

\_\_\_\_\_  
Joint Name Account Number

Print and mail this form to: Founders Federal Credit Union, Attn: General Counsel, 607 North Main Street, Lancaster, SC 29720. Or fax it to: (803) 283-5994. You can also bring this form into any Founders Federal Credit Union office.