

California Residents' Right to Know and Right to Delete Request Form

As a resident of California, pursuant to the California Consumer Privacy Act (“CCPA”) as amended by the California Privacy Rights Act (“CPRA”), you have a right to request to know what personal information we have as outlined in our Privacy Policy for California Residents. Also pursuant to the CCPA and CPRA, you have a right to request we delete or correct the personal information we have, subject to various exemptions. You also have the right to opt out of the sale or sharing of your personal information and right to limit the use of your sensitive personal information, subject to various exemptions. To submit either a request to know or a request to delete or correct, please fill out and submit the form below.

Please note that all requests to know and requests to delete will need to be verified before any such request can be completed. Additionally, all requests to delete must be verified and then will require confirmation to delete all personal information. Once you submit a request, we will confirm we have received such request within 10 days. You will receive a response from us no later than 45 days from the time we receive your request. We may need additional time to verify and/or respond to your request. To the extent we do, we will notify you of such extension no later than 45 days from the time we receive your request. If we deny your request, you have the right to appeal that decision and instructions to appeal will be provided in our response.

To make a “Request to Know,” a “Request to Delete,” or a “Request to Correct,” or to exercise the right to opt out of the sale or sharing of personal information or right to limit the use of sensitive personal information, please provide the following information:

1. Full Name:
2. State of Residence:
3. Are you submitting this request for yourself or on someone else's behalf (please circle one)?

Self

Someone else

- a. If submitting on someone else's behalf, their full name:
- b. In what capacity are you submitting this form on someone else's behalf? (Please list: i.e. Trustee, Attorney, Power of Attorney, Estate, Guardian, Other__)

4. Preferred method for us to contact you (please check one):

Email on file []

Phone number on file []

5. What is your current relationship to Axcelus Financial? (Please state: i.e. policy owner, beneficiary, insured, annuitant, interested party, producer, employee, former employee, other__)

6. Please check one:

This is a Request to Know []

This is a Request to Correct []

This is a Request to Delete []

This is a Request to Opt out of Sale / Sharing []

This is a Request to Limit the Use of Sensitive Personal Information []