

## **PRIVACY NOTICE DISCLOSURE SPECIAL NOTICE FOR VERMONT RESIDENTS**

Financial companies choose how they share your personal information. In addition to the protections provided by federal law, Vermont law gives you the right to decide whether we may share nonpublic personal information about you with certain third parties. Vermont law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

### **Information We Collect About You**

We collect nonpublic personal information about you from the following sources:

- information received from you on applications and other forms;
- information about your transactions with us, our affiliates or others; and
- information we receive from a consumer reporting agency.

### **Information We Share About You**

We may disclose all of the nonpublic personal information which we collect, as described above.

### **Parties with Whom We Share Information**

We may disclose the nonpublic personal information about you to the following types of third parties:

- financial service providers (such as insurance agents);
- non-financial companies (such as retailers, direct marketing companies and order fulfillment companies); and
- others (including joint marketing companies).

We may also disclose the information described in this notice to other affiliated or nonaffiliated third parties, as applicable, as required or permitted by law.

### **Information We Share to Parties that Provide Services to Us**

In order for us to conduct our business and to best serve you, we may disclose all of the information we collect, as described above, to nonaffiliated third parties (including service providers that perform marketing on our behalf, such as direct marketing companies) or financial institutions with whom we have joint agreements for marketing.

### **Information We Share About Former Customers**

When you close your account, we continue to share the nonpublic personal information about you described above according to our policies.

### **How We Protect Your Information**

We restrict access to nonpublic personal information about you to our employees who need to know this information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information.

### **Your Right to Opt In**

We will not disclose nonpublic personal financial information about you to nonaffiliated third parties (other than as permitted by law) unless you authorize us to make that disclosure. Your authorization must be in writing or, if you agree, in electronic form. If you wish to authorize us to disclose your nonpublic personal financial information to third parties, you may check the box below or complete and sign the form included and mail it to us.

**Products or Services to Which Your Opt In Right Applies**

You have the right to elect that we may share your nonpublic personal information to our business partners so that those business partners may market financial products or services which may be of interest to you, such as insurance.

**Revoking Your Opt In Direction**

You may, at any time, revoke your election to permit us to share your nonpublic personal information. To do so, please contact us at customerservice@gettington.com or at the address provided below.

**Contact Us**

If you have any questions, please contact us by email at customerservice@gettington.com or by mail at:

**Gettington**  
**6250 Ridgewood Road**  
**St. Cloud, MN 56303**  
**ttn: Privacy and Security**

I authorize Gettington to share my nonpublic personal information as provided in the notice provided to me.

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**Revocation of Opt In**

By mailing this form to you, I (the undersigned) hereby exercise my right to revoke my election to permit you to share my nonpublic personal information.

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

Address: \_\_\_\_\_  
Street Address City State Zip Code

10 Digit Gettington Customer Number: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_