

CALIFORNIA CONSUMER PRIVACY ACT (CCPA) REQUEST FORM

Is this Request on behalf of Yourself or another California Resident?

- Myself Another California Resident (You must submit proof of authority to make this request)

VERIFICATION INFORMATION

First Name:	Middle Name:	Last Name:
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Current Address:

City:	State: California	California Zip Code:
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Email Address:	Phone Number:
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Address that might help us identify you (if different than above):

City:	State:	Zip:
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Other information that may help us identify you (e.g., maiden name, entity name, account number, date of birth, id numbers, IP address):

Are you a New Omni Bank, N.A. Customer? Please select all that apply.

- Current or former customer or other account holder
- Currently associated with an entity deposit account or lending product or service
- Previously associated with an entity deposit account or lending product or service
- Previously applied for a deposit or lending product or service
- Associated with an entity that previously applied for a deposit account or lending product or service
- Never had or applied for, or was associated with an application for, a product or service from New Omni Bank, N.A.
- Other. Please specify:

AUTHORIZED REPRESENTATIVE ONLY

Name of Authorized Representative (if applicable):

- I am the parent or guardian.
- I have a power of attorney. Please provide with this form a copy of the proof of authorization.
- I am an authorized agent. Please provide with this form a copy of the proof of authorization and verification of identity directly from the person for whom you are submitting the request.

CCPA REQUEST

Please select the type of request you are submitting. Please select all that apply.

- Request to Know the categories of personal information New Omni Bank, N.A. has collected.
- Request to Know the specific personal information New Omni Bank, N.A. has collected.*
- Request to Delete the personal information New Omni Bank, N.A. has collected from me.*

* You will be required to sign a declaration under penalty of perjury that you are the Consumer or the authorized representative of the Consumer whose information is the subject of the request.

Preferred Method of Communication:

- Email at the Email Address Above Mail at Current Address Above

New Omni Bank Use Only

Date Received:	Method of Receipt: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery
10 Day Notice Date:	Notice Sent: <input type="checkbox"/> Process <input type="checkbox"/> Date <input type="checkbox"/> Declaration
Identity Verifiable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> More information needed <input type="checkbox"/> More information received <input type="checkbox"/> Declaration received
45 Day Notice Date:	Notice Sent: <input type="checkbox"/> Denied <input type="checkbox"/> More Information Needed <input type="checkbox"/> Satisfied Method: <input type="checkbox"/> Email <input type="checkbox"/> Mail
90 Day Notice Date:	Notice Sent: <input type="checkbox"/> Denied <input type="checkbox"/> Satisfied Method: <input type="checkbox"/> Email <input type="checkbox"/> Mail