



## California Consumer Privacy Act (CCPA) Request Form

Is this request on behalf of yourself or another California resident?	<input type="checkbox"/> Myself <input type="checkbox"/> Another California Resident (You must submit proof of authority to make this request.)
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### INFORMATION VERIFICATION

First Name		Last Name		Middle Name	
Current Address					
City		State	California	California Zip Code	
Email Address				Phone Number	

### Address that might help us identify you (if different than above)

City		State		Zip Code	
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 NewOmni 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	Phone    Email    Mail    Hand Delivery
10 Day Notice Date		Notice Sent	Process    Date    Declaration
Identity Verifiable	Yes    No	More information needed	More information received    Declaration received
45 Day Notice Date		Notice Sent	Denied    More information needed    Satisfied    Method    Email    Mail
90 Day Notice Date		Notice Sent	Denied    Satisfied    Method    Email    Mail