

Permanent Opt-Out Election Form

By signing below, I hereby confirm my request to remove my name permanently from the lists that Alliant Cooperative Data Solutions, LLC (“Alliant”) provides to businesses that send firm (pre-approved/pre-screened) offers of credit or insurance.

To process your request, the following information is required:

(Your first, middle and last name, including Jr., Sr. III, etc.)

(Your current address)

(Your previous address, if you have moved in the last six months)

(Your date of birth)

I understand that in order to complete my Permanent Opt-Out election, I must complete, sign and return this Permanent Opt-Out form to Alliant.

I further understand that removing my name from these lists does not affect my ability to apply for or obtain credit or insurance. I also understand that I may continue to receive offers from sources that do not use Alliant to compile their lists.

Signature: _____ **Date:** _____