

NOTICE OF OPT-OUT ELECTION

You may direct us to remove your name, or “opt out”, from lists that LexisNexis Risk Solutions Inc. provides to companies who may send you prescreened offers of credit or insurance. If you do not want to be included in such lists, please check the box below to permanently opt out, provide all of the information requested below, sign and date the form, and mail to us at the address at the bottom of this page.

You should also consider making a copy of this form for your own records. By returning this form, you will permanently opt out of lists that LexisNexis Risk Solutions provides to its prescreen customers. Please be aware that while your name will be removed from the lists that LexisNexis Risk Solutions provides to businesses for the purpose of making you a firm offer of credit or insurance, you may continue to receive offers from businesses that source their prescreened lists from vendors other than LexisNexis Risk Solutions.

Permanently Opt-Out. I do not want LexisNexis® Risk Solutions to include my name on lists that it provides to companies to send prescreened offers of credit or insurance.

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CANCELLATION OF PRIOR OPT-OUT DECISION

You may also use this form to cancel your prior decision to opt out from having your name on lists that LexisNexis Risk Solutions provides to companies who may send you prescreened offers of credit or insurance. If you wish to cancel your prior decision to opt out, please check the box below, provide all of the information requested below, sign and date the form and mail to us at the address at the bottom of this page.

Cancel Prior Opt-Out. I wish to cancel my prior decision to opt out of lists that LexisNexis Risk Solutions provides to its prescreen customers.

* * *

SIGNATURE

DATE

First Name: _____

Last Name: _____

Middle Initial: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip/Postal Code: _____

Full Date of Birth (DD/MM/YYYY): _____

Telephone Number (incl. area code): _____

Fax Number (fax requests incl. area code): _____

[Last four digits of] SSN: _____

Please mail this form to: LexisNexis Risk Solutions, Attention: FCRA Opt Out, LexisNexis Consumer Center, P.O. Box 105108, Atlanta, GA 30348-5108.