IMPORTANT PRIVACY CHOICES FOR CONSUMERS

The marketing described in this form is related to insurance products offered within Aflac Group*. Aflac Group does not provide your nonpublic personal information (NPI) to nonaffiliated companies for purposes unrelated to Aflac Group products and services.

You have the right to control whether we share some of your personal information.
Please read the following information carefully before you make your choice below.

You have the following right to restrict the sharing of personal and financial information with our (Aflac Group) affiliates for marketing purposes. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Restrict Information Sharing With Affiliated Companies: Unless you say "No." we may share personal and financial information about you with our affiliated companies for marketing purposes. To see a current list of our affiliates visit aflac.com/privacy-center/affiliate-marketing-opt-out-form.aspx.

□ NO, please do not share personal and financial information with your affiliated companies for marketing purposes.

You may make your privacy choice at any time. Your choice marked above will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies for marketing purposes.

If you previously told us "No.", you do not have to fill out another form since your choice is already on file.

To exercise your choice do one of the following:

(1) Fill out, sign, date and send back this form to us using the envelope provided (you may want to make a copy for your records); or

(2) Call this toll-free number 800-433-3036; or

(3) Fill out, sign, date and email the form to: GroupAffiliateMarketing@aflac.com

If you have multiple policies, you will only need to complete one form. To ensure proper identification and accurate processing of this request, please complete the following and date the form: (please print clearly)

Certificate Number (if known)

Date of Birth (mm/dd/yy) / /

First Name MI Last Name

Address

City State Zip Code

Today's Date (mm/dd/yy) / /

Signature

PLEASE DO NOT SEND ANY OTHER DOCUMENTS WITH THIS FORM (e.g., claims, premium payments)

*Aflac Group is the marketing name for Continental American Life Insurance Company

Aflac Group ● Privacy Office ● P.O. Box 84079 ● Columbus, GA 31993-9101