

## IMPORTANT PRIVACY CHOICES FOR CONSUMERS

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

This form applies to residents of California and is in addition to your rights under other laws.

## YOUR RIGHTS

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. 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.

YOUR CHOICES	
Restrict Information Sharing With Companies We C personal and financial information about you with our aff	Own Or Control (Affiliates): Unless you say "No," we may share filiated companies.
NO, please do not share personal and financia	l information with your affiliated companies.
	s We Do Business With To Provide Financial Products And all and financial information about you with outside companies we to you.
NO, please do not share personal and financia financial products and services.	I information with outside companies you contract with to provide
TIME SENSITIVE REPLY	
	choice(s) will remain unless you state otherwise. However, if we nation with affiliated companies and other companies with whom
To exercise your choices, do one of the following:	
<ul> <li>Fill out, sign, and send back this form to us (you may o Print double-sided and fold in half so the address)</li> <li>Call this toll-free number: 1-833-427-5227.</li> <li>Fill out, sign, and email this form to privacy@columb</li> </ul>	s is facing out. Tape or glue closed (do not staple).
The address below must be in California and one you had accounts with us, you only need to complete one form.	ave given us in relation to your account. If you have multiple
Last Name:	First Name:
Account Number:	<u> </u>
Street Address:	
City:	State: CA ZIP:
Signature:	Date:

COLUMBIA BANKING SYSTEM, INC. ATTN: PRIVACY OPERATIONS PO BOX 1820 ROSEBURG, OR 97470

Use for privacy choices only.

Place stamp here. Post Office will not deliver mail without proper postage.

COLUMBIA BANKING SYSTEM, INC. ATTN: PRIVACY OPERATIONS PO BOX 1820 ROSEBURG, OR 97470

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