

## Important Privacy Choices for California 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.**

We are required by the California Financial Information Privacy Act (CFIPA) to provide this notice to you annually. We will also send you an additional notice each year that tells you about your privacy rights under federal law.

The Privacy Notice applies to FirstSun Capital Bancorp, Sunflower Bank, and its tradenames and subsidiaries.

### 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 Own or Control (Affiliates):** Unless you say “No,” we may share personal and financial information about you with our affiliated companies.

( ) NO, please do not share personal and financial information with your affiliated companies.

**Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services:** Unless you say “No,” we may share personal and financial information about you with outside companies we contract with to provide financial services.

( ) NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

### TIME SENSITIVE REPLY

You may make your privacy choice(s) at any time. Your choice(s) will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: \_\_\_\_\_

Account or Policy Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

To exercise your choices do one of the following:

By Mail: Submit online by completing this form and emailing it to [Privacy@SunflowerBank.com](mailto:Privacy@SunflowerBank.com)

By Phone: Call **(888)-827-5564** - our menu will prompt you through your choice(s).

**Please note that in order for us to process your request, the address you provide must be a California address you've given to us in relation to your account.**