TransUnion Name Removal Option PO Box 505 Woodlyn, PA 19094

Re: Opt-Out Request

To whom it may concern:

I request to opt out from pre-screened credit and insurance offers and have my name removed from your company's marketing lists. The following information is provided exclusively to facilitate my request.

FIRST NAME	MIDDLE NAME	LAST NAM	E	SUFFIX
CURRENT MAILING STREET ADDRESS				
CURRENT MAILING CITY / STATE / ZIP				
PRIOR MAILING STREET ADDRESS (IF MOVED IN LAST 6 MONTHS)				
PRIOR MAILING CITY / STATE / ZIP				
SOCIAL SECURITY NUMBER			BIRTH DATE	

Thank you for your prompt attention to my request.

SIGNATURE

DATE