



Mail-in Opt-out Form

Date: _____ _____	Mark any/all you want to limit: <ul style="list-style-type: none"> <input type="checkbox"/> Do not share information about my creditworthiness with your affiliates for their everyday business purposes. <input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me. <input type="checkbox"/> Do not share my personal information with nonaffiliates to market their products and services to me.
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Name		Mail to: Severn Savings Bank Attn: Compliance Dept. 200 Westgate Circle Suite 200 Annapolis, MD 21401
Address		
City, State, Zip		
Account#		

Mail-in Opt-in Form (Residents of California, Vermont and New Mexico ONLY)

Date: _____ _____	Mark any/all you want to allow: <ul style="list-style-type: none"> <input type="checkbox"/> You may share information about my creditworthiness with your affiliates for their everyday business purposes. <input type="checkbox"/> You may allow your affiliates to use my personal information to market to me. <input type="checkbox"/> You may share my personal information with nonaffiliates to market their products and services to me.
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Signature:	
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