

California



SBLI USA LIFE INSURANCE COMPANY, INC.  
SBLI USA HOLDINGS, INC.  
SBLI USA DIVERSIFIED SERVICES COMPANY, INC.  
S.USA LIFE INSURANCE COMPANY, INC.  
SBLI USA INSURANCE AGENCY, INC.

### **PRIVACY NOTICE**

This Privacy Notice describes our information practices. We will notify you in writing if we change our practices. You will be able to “opt out” of any change so that it does not apply to you.

The term “SBLI USA” means those companies<sup>1</sup> listed below:

- SBLI USA Life Insurance Company, Inc.
- SBLI USA Holdings, Inc.
  - SBLI USA Diversified Services Company, Inc.
  - S.USA Life Insurance Company, Inc.
  - SBLI USA Insurance Agency, Inc.

### **OUR SECURITY PRACTICES**

We protect your information. The only employees and agents who have access to your information are those who must have it to provide products or services to you. Our web site protects information provided by visitors.

### **NONPUBLIC HEALTH INFORMATION**

We may collect nonpublic health information about you. We will only disclose such information if required or permitted by law.

### **NONPUBLIC PERSONAL INFORMATION**

We may share your information to process your transactions with us. We may also share your information if required or permitted by law. We comply with all fair credit reporting laws. We do not share information about former customers.

### **INFORMATION WE COLLECT, USE AND DISCLOSE**

- Information from your application or other forms, such as name, address, email address, social security number, telephone number, assets, income and beneficiaries;
- Information about your transactions with us or our affiliates;
- Information from consumer reporting agencies.<sup>2</sup>

### **IMPORTANT PRIVACY CHOICES**

Your permission is required to disclose your nonpublic personal financial information to non-affiliated companies. This is referred to as “**opting-in.**”

You may direct us not to disclose your nonpublic personal financial information to our affiliates or companies with which we have a joint marketing arrangement. This is referred to as “**opting-out.**”

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<sup>1</sup> The SBLI USA companies are not authorized to do business in every state.

<sup>2</sup> Information consumer reporting agencies give us about you may be disclosed to other persons by them.



Any joint customer may exercise these options. Such request will be considered applicable to the other joint customers.

If you wish to exercise these options, you should complete the notice forms mailed with this Privacy Notice. You may exercise your choices at any time.

**CORRECTION OF INFORMATION**

We will provide you with the nonpublic personal information we have about you if you send us a written request. If you notify us that any information is incorrect and we agree, we will correct our records. If we do not agree, you may send us a written statement disputing the accuracy of the information. We will include your written statement in any future disclosure of the information to third parties. If you request it, we will provide you with a more detailed notice concerning your privacy rights under the state laws applicable to you.



# IMPORTANT PRIVACY CHOICES FOR CONSUMERS

## OPT-OUT NOTICE

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.

### **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 with which we do business. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or 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 products and services to you.

(  ) **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) marked here 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): \_\_\_\_\_

\_\_\_\_\_

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

To exercise your choices do one of the following:

- Fill out, sign and send back this form to us using the envelope provided (you may want to make a copy for your records); or
- Call this toll free number (877) SBLI-USA.



# IMPORTANT PRIVACY CHOICES FOR CONSUMERS OPT-IN NOTICE

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.

## Your Rights

We cannot share your personal information with non-affiliated companies without your approval. 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

*Approve Information Sharing With Non-Affiliated Companies:*

Unless you say "Yes", we may not share personal and financial information about you with non-affiliated companies.

(  ) **YES**, you may share personal and financial information with non-affiliated companies.

## Your Reply

You may make your privacy choice at any time. Your choice marked here will remain unless you state otherwise.

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

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

\_\_\_\_\_

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

To exercise your choice do one of the following:

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