



CONTACT INFORMATION

Full Name:	Phone:
Policy Number(s)/Account(s):	Last 4 digits of SSN:
Home Address:	
Email Address:	

REQUESTED PERSONAL INFORMATION

Please list the specific Personal Information you are requesting Catholic Order of Foresters to provide:

Please list the specific Personal Information you are requesting Catholic Order of Foresters to delete:

SIGNED

Signature:	Date:
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When returning this form, please include a copy of your driver's license, state ID or passport.

Mail all material to:

Catholic Order of Foresters
Attn: Privacy Officer
P.O. Box 3012
Naperville, IL 60566-7012