



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:

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

Mail all material to:

Attn: Privacy Officer  
 Catholic Order of Foresters  
 355 Shuman Boulevard  
 Naperville, IL 60563-1270