

Consumer Request Form

We at Mizrahi Tefahot Bank respect your privacy. If you are a resident of the States of California, Texas or Nebraska, you may exercise your consumer rights under the California Privacy Right Act, the Texas Data Privacy and Security Act and the Nebraska Data Privacy Act (respectively). To do so, please complete and submit this form. Required fields are flagged with an asterisk.

We will use the information you provide for the purpose of verifying your identity and processing and handling your request. We may share it with our service providers, advisors and legal professionals who assist us in handling your request.

We will respond to your requests within 45 days (or within 90 days, where the law permits, and we determine it necessary considering the complexity and number of the requests you have filed). If we take longer than 45 days, we will inform you of the extension within the initial 45-day response period, together with the reason for the extension. During this period, we may contact you and request you to provide further information to verify your identity.

For more information about your rights, please read our United States Privacy Notice.

By submitting your request through this form, you consent to the use of email ("**Electronic Record**") to send you legally required notices. You may withdraw your consent to use an Electronic Record by notifying us at [enter relevant email addresss _____] and indicating your withdrawal of consent, your full name and postal address.

Details of the Consumer

First Name: _____ **Last Name:** _____

Former or Additional Names (if relevant): _____

Email: _____

U.S. Phone Number: _____

Street Address: _____

City: _____

State or Region: _____ **Zip Code:** _____

Bank Account Number (If you are an existing client of the bank):

Nature of Request

Subject of Request: Choose an item

1. To know which personal information, we process
2. To obtain a copy of your personal information
3. To delete your personal information
4. To correct inaccurate personal information
5. To opt-out of processing for solely automated profiling
6. Appeal the denial of an earlier request

Description Please provide any relevant information that may assist us in handling your request. If you are appealing our denial of an earlier request, please provide all details relevant to that request.

Related Documents Please provide any relevant documents.

Are you the consumer?

☐ Yes, I am the consumer.

☐ No, I am an authorized agent acting on behalf of a consumer.

If you are not the consumer, please complete the following section:

Details of the Authorized Agent

First Name: _____ **Last Name:** _____

Email: _____

U.S. Phone Number: _____

Proof of Authorization Please provide copies of any document indicating the authorization granted to you by the consumer to submit this request on their behalf.

By submitting this form, I confirm that the information I provided above is true, accurate and complete.
