

## Instructions to Opt Out of Disclosures to Nonaffiliated Third Parties

To opt out of REGIONAL MANAGEMENT's right to disclose your nonpublic personal information to nonaffiliated third parties you must (1) sign this form, (2) print your name below your signature, (3) write your Social Security number below your name, (4) Print the Company Name and Address where payments are made, and (5) mail this form to us at the following address:

### IMPORTANT NOTICE

Mailing or delivering this form to any address other than that shown on this form may be ineffective to exercise your right to opt out of disclosure of your nonpublic personal information.

REGIONAL MANAGEMENT  
P.O. BOX 776  
MAULDIN, S.C. 29662

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Company Name (where payments are made)

\_\_\_\_\_  
Company Address (where payments are made)

\_\_\_\_\_  
City State Zip