



# COLUMBIAN FINANCIAL GROUP

PO BOX 1381  
BINGHAMTON, NY 13902-1381  
Toll Free: 800-423-9765

## CALIFORNIA CONSUMER PRIVACY ACT REQUEST FOR INFORMATION

Under the California Consumer Privacy Act (CCPA) of 2018, effective January 1, 2020, California residents have a right to know what personal information has been collected on them in the past 12 months since the date this request form is received. The CCPA also gives California residents the right to request that personal information be deleted from our records.

Columbian Financial Group, hereafter referred to as ‘the Company’, does not sell any personal information. Any information that we do collect on our customers is used solely by the Company or its business partners as part of the Company’s routine business practices regarding the administration of any insurance policy or contract that a policy owner has or may have had with the Company.

In accordance with the Company’s existing personal information policies, and the ongoing business need to administer any and all active policies on record, requests to delete personal information may be declined by the Company. Any reasons for declining such requests will be provided in the Company’s response to this request.

**I. REQUESTOR INFORMATION:** Please tell us about yourself. Please print.

Your Full Name	
Your Street Address, including apartment # if applicable	
Your City, State & Zip Code	
Your Phone Number	
Your Relationship to the Policy Owner	

**II. CALIFORNIA RESIDENT INFORMATION:** Please tell us about the person the company may have personal information on. Please print.

Policy Owner’s Full Name	
Policy Owner’s Prior Name(s) that a record may be under	
Policy Owner’s Current Street Address, including apartment # if applicable	
Policy Owner’s City, State & Zip Code	



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Policy Owner's Phone Number	
Policy Owner's prior California address if different than above (Street Address, City, State & Zip Code)	
Policy Owner's Date of Birth (MM/DD/YYYY)	
Last 4 digits of Policy Owner's Social Security Number	
Policy Owner's Policy Number(s) with the company	

**III. Authorized Agent:** Any information we have is held in the strictest confidence and may not be shared with anyone other than the policy owner. However, under the California Consumer Privacy Act, you have a right to authorize another person to act as your agent. To do this, the Company requires that you (1) provide us with a certified copy of the document giving your authorized agent written permission to act on your behalf in this matter, or (2) provide the Company with a certified copy of your Power of Attorney document, and you must be able to verify your own identity with us by properly completing Section II, which must then match our records on file.

**IV. California Resident Request:** Please Check All That Apply

	Request To Know: I am requesting the Company provide me with the list of categories of personal information that the Company has collected on the policy owner within the preceding 12 months.
	Request To Delete: I am requesting the Company delete any personal information they have collected or maintained on this policy or these policies. <i>*Please note that if this box is checked, and the Company approves this request, then all personal information will be permanently and completely erased.</i>

Please complete this form to the best of your ability. The more information the Company has, the better the search results will be. The Company may need to contact the requestor for additional information as needed.

Please mail this request form to the Company at the address shown above. We look forward to assisting you.