

# CALIFORNIA CONSUMER REQUEST FORM

Please complete this form to submit a request and we will respond as soon as possible. If submitting for multiple individuals, please submit separate requests for each.

## I am a (an)

- Current/Past Customer
- Authorized Agent for Consumer
- Current/Former Employee
- Job Applicant

## What is your request type(s)?

- Deletion Request<sup>1</sup>
- Do Not Sell My Information
- Correct Inaccurate Data

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address<sup>2</sup>:** \_\_\_\_\_

**Request Details:** \_\_\_\_\_

**By submitting this form, I confirm I am a resident of California and the information I have provided is accurate.**

<sup>1</sup> Subject to certain exceptions specified in the CCPA/CPRA.

<sup>2</sup> Mailing address provided at time of application.

**After completing this form, you can email it to us at [Compliance@homeownersfg.com](mailto:Compliance@homeownersfg.com) or print and mail to:**

Homeowners Financial Group USA, LLC  
Attn: Compliance Department  
16427 N. Scottsdale Rd., Suite 145  
Scottsdale, AZ 85254