CALIFORNIA PRIVACY STATEMENT IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Restrict Information Sharing With Other Companies Fingerhut Owns or Controls (Affiliates): Unless you say "NO", we may share

Restrict Information Sharing With Other Companies Fingerhut Does Business With To Provide Financial Products And Services:

□ NO, please do not share personal and financial information about me with your affiliated companies.

personal and financial information about you with our affiliated companies.

To exercise your choices, do one of the following:

sharing as described above.

Your Choices

| , | ly "NO", we may share personal and financial information a cial products and services to you. | about you wit | h outside companies we contract with to |
|----------------|--|----------------|---|
| | e do not share personal and financial information about moucts and services. | e with outside | companies you contract with to provide |
| Time Sensitive | e Reply | | |
| we do not hea | e your privacy choice(s) at any time. Your choice(s) marked lar from you, we may share some of your information with a s to provide financial products and services. | | |
| Na | ame: | | |
| Str | reet Address: | | |
| Cit | ty: | State: | _ Zip Code: |
| 10 | O-Digit Fingerhut Customer Number: | | |
| Las | ast 4 Digits of Your 16-Digit Credit Account Number: | | |
| Sig | gnature: | Date: | |
| | | | |

(1) Contact us at customer number, the last 4 digits of your 16-digit credit account number, as well as the request to opt-out of information

(2) Fill out, sign and send this form back to us using the envelope provided (you may want to make a copy for your records).

Mail your request to: Fingerhut, P.O. Box 201, St. Cloud, MN 56372 Attn: Privacy and Security