

**UNION AGENCY, INC.
PRIVACY POLICY NOTICE**

YOUR FINANCIAL PRIVACY RIGHTS

The Nebraska Privacy of Insurance Information Act generally prohibits any financial institution, directly or through its affiliates, from sharing nonpublic personal financial information about you with a nonaffiliated third party unless the institution provides you with a notice of its privacy policies and practices. Union Agency is committed to safeguarding the personal information that you provide to our company. To help you better understand how your personal information is protected at Union Agency, we are providing you with this Notice, which details our privacy policies and practices, and the manner in which we handle personal information.

THE INFORMATION THAT WE COLLECT

We may collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms, in interviews or by other means
- Information about your transactions with us
- Information about your transactions with our affiliates or others
- Information about your transactions with nonaffiliated third parties
- Information from a consumer reporting agency

THE INFORMATION WE MAY DISCLOSE

Disclosure to our Affiliates

Reasons For Disclosure: We may disclose

nonpublic personal information about you to our affiliates in order to provide you with information about additional products and services and in order to evaluate our total relationship with you and our family of companies.

Types of Affiliates: We may disclose nonpublic personal information about you to the following types of affiliates:

• Financial service providers, including banks, securities broker-dealers, registered investment advisors and loan providers.

Types of Information: We may disclose nonpublic information about you to affiliates, subject to certain opt out provisions. Here are the kinds of nonpublic personal information we may disclose to our affiliates:

• Transaction and experience information from our account records and information about your transactions and experience with us or our affiliates, such as your name, address, your policy coverage, premiums and payment history. Federal law allows us to disclose transaction and experience information with our affiliates. You do not have a right to opt out of the disclosure of this information.

• Other information not taken from transactions and experience: Nonpublic personal information we receive from you on an application or other forms, such as Social Security Number and beneficiaries; nonpublic personal information we receive from a credit reporting agency, such as creditworthiness and credit history. You may opt out of the disclosure of this information.

Disclosure to Non-Affiliated Third Parties We may also disclose nonpublic personal information about you to nonaffiliated third parties as permitted by

law. We may disclose information to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, such as banks, securities brokers or dealers and other insurance providers. Our agreements with these outside companies include confidentiality requirements and restrictions on use of the information.

The types of information we may disclose to non-affiliated third parties include:

• Transaction and experience information from our account records and information about your transactions and experience with us or our affiliates, such as your name, address, policy coverage, premiums and payment history.

• Other information not taken from transactions and experience: Nonpublic personal information we receive from you on an application or other forms, such as Social Security Number and beneficiaries; nonpublic personal information we receive from a credit reporting agency, such as creditworthiness and credit history.

Other Situations

Union Agency, Inc. employees may also disclose portions of your information to our authorized agents for limited purposes. As part of the processing and underwriting of insurance policies, we may be required to contact certain third parties, such as health care providers and insurance companies, for verification purposes. We will not divulge this information to external parties unless we have informed you, been authorized by you, or are required to do so by law.

Any medical or health information we collect about you will be disclosed to third parties only to underwrite insurance or administer your policy or claim, as permitted by law or as authorized by you.

We may also disclose your nonpublic personal information as provided by law, such as disclosure to regulatory agencies or government entities in response to subpoenas.

OUR SECURITY PROCEDURES

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

FORMER CUSTOMERS

For our former customers, we will follow the privacy policies and practices as described in this notice.

REQUEST FOR OPT OUT/or OPT IN

If you prefer that we not disclose your nonpublic personal information about you to non-affiliated third parties, you may opt out of these disclosures. That is, you may direct us not to make those disclosures (other than those permitted by law). Similarly, you may direct us not to make certain disclosures to our affiliates. Your decision to block the disclosure of your nonpublic personal information will apply to all products and services you receive from us.

If you have a joint account, an opt out instruction given by one participant of this account will affect all participants of the account.

If you have previously signed and returned the opt out form, you do not need to opt out again.

If you wish to exercise your right to opt out of information sharing with nonaffiliated third parties

and affiliates, other than that information permitted by law, complete the following form and mail it to us at: Union Agency, Inc., P.O. Box 6205, Lincoln, NE 68506.

Signature

Name(s)

Social Security Number(s)

All Account Numbers:

Street Address

City, State, ZIP

If you previously signed and returned this form to opt-out, you have the right to opt in. Just put a check in the box below and sign the form above and return to us.

I previously chose to opt out, but I would now like to opt in. The agency may now share my name with third party affiliates and/or non-affiliates.