

Personal Data Request Form

Instructions: Upon receipt of a completed Personal Data Request (Request), Crump Life Insurance Services (Crump) will send written acknowledgment and a Request reference number. A response to this Request will be sent to you within 45 days.

If submitting a Request for yourself, complete **Section 1 only**. If submitting a Request on behalf of someone else (for example, a minor), complete **Section 1** and **Section 2**. Email a completed copy of this form to MarketConduct@crump.com.

If you need an accessible format, please call Crump Market Conduct at 844.630.9765.

Section 1 — Individual requestor information: Please complete this information for the person whose information is being requested. *(Note: This section is required in order to complete your request).*

First name:	Last name:
Date of birth:	Phone number:
Street address (city, state, ZIP code):	
Email address:	

Request type:

☐ Right to Know

☐ Right to Delete

☐ Right to Correct *(please describe what information is incorrect and provide the correct information):*

Do you need a portable format of the “Right to Know” response?
(for example, an Excel file)

☐ Yes ☐ No

Section 2 — Authorized representative information: Please complete this information **only** when an individual or organization is making the Request on behalf of the requestor listed above.

First name:	Last name:
Phone number:	Email address:
Street address (city, state, ZIP code):	

Proof of authorization:

☐ Power of Attorney ☐ Guardianship papers ☐ Birth certificate *(for a minor)* ☐ Employment contract

☐ Other _____

Action required: Email a copy of the selected documents to MarketConduct@crump.com.