

OPT-OUT OF DISCLOSURE OF NONPUBLIC PERSONAL INFORMATION

CATEGORIES OF NONPUBLIC PERSONAL INFORMATION WE MAY DISCLOSE

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income,
- Information about your transactions with us, our affiliates, or others, such as your account balance, payment history, parties to transactions, and credit card usage,
- Information we receive from a consumer-reporting agency, such as your creditworthiness and credit history.

CATEGORIES OF NONAFFILIATED THIRD PARTIES TO WHOM WE MAY DISCLOSE

We may disclose nonpublic personal information about you to the following types of nonaffiliated third parties:

- Financial service providers, such as mortgage bankers, securities broker-dealers, or insurance agents.

We may also disclose nonpublic personal information about you to nonaffiliated third parties as permitted by law.

If you prefer that we not disclose nonpublic personal information about you to nonaffiliated third parties, you may opt-out of those disclosures, that is you may direct us not to make those disclosures (other than disclosures permitted by law). For joint accounts, a single opt-out notice received from any joint account owner will be considered as a request from all of the account owners to opt-out.

If you wish to opt-out of disclosures to nonaffiliated third parties, you may:

You may sign an opt out form, available at any of our locations. Copies of the form are also available on our website at www.pyramaxbank.com. You may also call (414)421-8200 and request that a form be mailed to you.

- sign below and either return this form to us in person at one of our locations or by mail at the following address.

PyraMax Bank
P. O. Box 20927
Greenfield, WI 53220-0927

I do not want the institution to disclose any nonpublic personal information (except as permitted by law) about me to nonaffiliated third parties.

Name _____

Address _____

City _____ State _____ ZIP _____

Social Security or Tax ID # _____

Signature X _____ Date _____