



SBLI USA Life Insurance Company, Inc.
S.USA Life Insurance Company, Inc.
Members of Prosperity Life Group
Each the "Company"

PRIVACY NOTICE

The Company takes its responsibility to protect your personal information very seriously. The purpose of this notice is to inform you of our policies regarding information we collect from our customers.

INFORMATION WE COLLECT

To provide you with products or services, we may collect information that is not publicly available, such as:

- Information requested on applications and other forms (including name, address, email address, phone number, date of birth, Social Security number, beneficiary designations, and financial and household information);
- Data about your transactions (such as the products you purchase, payments, and account status);
- Information collected from consumer reporting agencies;
- Health information collected with your permission when you apply for certain products; and
- For group products, information from your employer needed to enroll you in the group plan.

HOW WE USE YOUR INFORMATION

We may disclose your personal information to the following types of affiliated or non-affiliated third parties, to the extent required or permitted by law, or otherwise authorized by you:

- Companies that perform services related to the servicing or administration of your account;
- Companies that perform marketing services on our behalf or financial institutions with which we may have a joint marketing agreement;
- Consumer reporting agencies;
- Other entities as required or permitted by law.

Information of former customers is treated the same way as current customers. We comply with all fair credit reporting laws. WE WILL NEVER SHARE NONPUBLIC HEALTH INFORMATION ABOUT YOU WITH ANY AFFILIATED OR NON-AFFILIATED THIRD PARTIES FOR MARKETING PURPOSES.

OPTING OUT OF DISCLOSURE OF PERSONAL INFORMATION

If you prefer that we do not disclose personal information about you to our affiliates or non-affiliated third parties – other than as required or permitted by law without your consent -- you may direct us not to make those disclosures by completing the attached Opt Out Notice form and returning it, or mailing a letter, to the address provided. It takes 30 days to start the opt out process. **If you have previously sent us an opt out request, there is no need to do so again unless we change our policy. If we change our policy, we will notify you in writing and you will be given another chance to opt out at that time.**

If two or more customers jointly obtain an insurance product or service, any of the joint customers may exercise the opt out option and such opt out request will be considered applicable to the other joint customers.

STATE SPECIFIC DISCLOSURE RULES

NM and ND Residents - we will obtain your affirmative consent before sharing your personal information with certain non-affiliated companies for them to market their products or services to you, as required by state law, even if you have not previously sent us an opt out request. **CA and VT residents** – We do not share information other than as permitted by law; you do not need to return the opt out form in order to restrict our sharing.

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MAIL-IN OPT OUT REQUEST FORM

Name

Please List All Policy Numbers

Telephone Number

Address

City State Zip

Mark any/all you want to limit:

Do not share my information with your affiliates.

Do not share my information with any non-affiliates.

Please mail this form to:

Prosperity Life Group
P.O. Box 12847
Roanoke, VA 24029

SAFEGUARDING YOUR INFORMATION

We maintain physical, electronic and procedural safeguards that meet state and federal regulations. Access to customer information is limited to people who need the information to perform their job responsibilities. We regularly update and improve our security standards, procedures and technology to protect against unauthorized access to your confidential information.

CORRECTION OF INFORMATION

Upon your written request, we will make the personal information we have about you available for your review. If you notify us that any such information is incorrect, we will correct our records, if we agree. If we do not agree, you may provide us with a written statement disputing the accuracy of the information. We will include your written statement in any future disclosure of the information to third parties. Upon your request, we will provide you with a more detailed notice concerning your privacy rights under the state laws applicable to you.

This notice applies to SBLI USA Life Insurance Company, Inc. and S.USA Life Insurance Company, Inc. Prosperity Life Group is a marketing name for Prosperity Group Holdings, LP and its subsidiaries. Only SBLI USA is an authorized New York insurer. S.USA is not authorized as an insurer in, and does not do insurance business in, New York.