

REQUEST TO EXERCISE THE RIGHT OF EXCLUSION*

Full name of the person or persons who choose (not) to be excluded**

Policy or contract number

Dirección Postal

Telephone

*Your Opt-Out Request will take approximately 30 days to take effect

**If two or more customers or consumers have jointly purchased an insurance product or service, and one of those customers or consumers exercises their right of exclusion, this does not mean that such exclusion extends to other customers or joint consumers, and each of these will have the option to individually request their exclusion; however, one of these clients or consumers may exercise the right of exclusion on behalf of the other clients or joint consumers, expressing his name when filling out this request.