# PRIVACY INFORMATION REQUEST

Canadian and EU citizens have the right to receive information from World Class CME on what personal information the company collects and for what business purpose it is collected, how the information is collected, and how the company has shared your personal information with third parties. We respect your privacy and we will respond to your request within 30 days of receiving such request. Please complete the information below, print this form, and send it by mail or e-mail to the address indicated below:

I request that you:

\_\_\_\_\_ Provide me with the specific personal information World Class CME has collected from me and the reason that this information is collected or disclosed with other parties

\_\_\_\_\_ Provide me with information on how World Class CME has collected my personal information

 Provide me with the names of the companies with which my personal information has been shared, the type of personal information shared, and the business purpose for such disclosure.

 Please delete any personal information you may have collected about me.

 Please do not share my personal information with other companies.

If you are challenging the accuracy or completeness of the information collected by us and would like this information to be amended, please provide a brief explanation:

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After verifying your information, we will send you a response by First Class mail. Name (please print):

Address:

Signature:

Date:

Please mail this form to the attention of our Privacy Representative at: