CALIFORNIA CONSUMER PRIVACY ACT ("CCPA") Personal Information Request

Are you requesting information on beha	alf of yourself or another person?	
Yourself (complete Section 1 only)	and 2)	
Another person (complete Sections 1 and 2)		
Section 1		
What is your (or the person for whom ye	ou are making this request) relationship	
with Concourse Financial Group Securi	ties?	
A current or former Concourse Financi	al Group Securities client	
Never had a Concourse Financial Grou	up Securities account in the past	
A current or former employee or registe	ered representative of Concourse Financial	
Group Securities		
Choose the request type:		
Request the disclosure of information (Concourse Financial Group Securities has	
collected.		
Request the deletion of information Co	ncourse Financial Group Securities has	
collected		
Request that Concourse Financial Gro	up Securities limit use of my sensitive	
personal information		
Request that Concourse Financial Gro	up Securities correct inaccurate	
information about me		
	About the person for whom this request	
	pertains	
Name		
Address		
City, State, Zip		
Email Address		
Date of Birth		
Last 4 digits of SSN		
Signature of Owner		

Submit

- 1. Return this form to Concourse Financial Group Securities via email to CFGprivacynotices@concoursefinancial.com; or
- 2. Mail to:

Concourse Financial Group Securities, Inc. Attn: CFGS Compliance Dept. 2801 Highway 280 South Birmingham, AL 35223

Section 2: Complete only if you are submitting this request on behalf of another person What is your relationship to the person for whom you are requesting

I have a Power of Attorney for the person (please provide a copy)
I am an authorized representative for the person (please provide a copy or
document conferring authority)

	Person making this request
Name	
Address	
City, State, Zip	
Email Address	

Signature of person making the request

Submit

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