

PRIVACY POLICY

YOUR PRIVACY IS IMPORTANT TO US

We are committed to providing you with best in class products and services. As part of obtaining our products and services, we understand that you provide OptumHealth Bank with personal, private information and we take this responsibility seriously. This privacy policy is provided so that you will be aware of the measures we take to protect the privacy of your nonpublic personal information. It also describes information we collect and how we use this information to conduct our business. You agree that we may collect, use and share information as described in this privacy policy, subject to your right to limit information sharing as described below.

INFORMATION WE COLLECT TO CONDUCT OUR BUSINESS

Through our normal course of business we obtain nonpublic, personal information about you which we use to service your account(s). Sources of this information include:
• Information you provide on applications or in communications with us, such as your name, address, employment information, date of birth and social security number.
• Information about your transactions with us, our affiliates and others, such as your account balance, fees, payments, withdrawals, deposits and the identity of persons to whom you make payments. This category includes information about your transactions with health care providers ("Health Care Information").
• Information from consumer reporting agencies about your credit history and creditworthiness.
• Information from public sources such as telephone directories and government records.

PROTECTING YOUR NONPUBLIC PERSONAL INFORMATION

We have developed policies and procedures to keep your information confidential and secure. We restrict access to personal information to those employees and other parties who must use that information to provide services on our behalf. We maintain physical, electronic and procedural safeguards, in compliance with applicable laws, regulations and industry standards, to protect the nonpublic personal information that we obtain. We require the service providers who work with us to maintain the same level of confidentiality and security that we do.

OUR INFORMATION SHARING PRACTICES WITH AFFILIATES

In order to provide the products and services requested by you and to keep you informed of products and services offered by our affiliates, we may disclose nonpublic personal information that we collect about our customers and former customers to our affiliates. Companies in our corporate family who may receive this information are: UnitedHealth Group Inc. and its subsidiaries and affiliates. We share information within our corporate family for many reasons, such as:
• To allow our affiliates to provide the financial and insurance services and products you have requested from them;
• To perform services for us such as payment processing, billing and technical support;
• To carry out joint marketing agreements;
• To research our customers' needs so that we and our affiliates can improve our products and services;
• To allow our affiliates to research their customers' needs so that they can improve their products and services;
• To tell you about new products or services that may be of interest to you.

OUR INFORMATION SHARING PRACTICES WITH NONAFFILIATED THIRD PARTIES

We may disclose information that we collect about our customers, as described above, to nonaffiliated third parties, including the following:
• Our business partners, so they can provide the financial and insurance products and services you have asked for;
• Financial service providers, such as vendors who provide payment processing, billing and technical support for us;
• Non-financial companies, such as medical providers, direct marketers and others;
• Companies that perform marketing services on our behalf or other financial institutions with whom we have joint marketing agreements;
• To the extent necessary to process transactions or provide products and services that you have requested;
• Credit bureaus; and
• Other persons, companies or government entities as permitted or required by law (for example, to our regulators, attorneys and auditors; to comply with court orders; or to protect against fraud).

IMPORTANT NOTICE ABOUT CREDIT REPORTING

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

YOUR ONLINE PRIVACY RIGHTS

This Privacy Policy also applies when you visit us online. Here are some other things you should know about your online privacy rights:

User Registration. Certain parts of our website (such as online banking and account applications) are only available to registered users. When you access online banking or submit an account application online we may ask you for personal information, such as your name, address, e-mail address, username and password. You do not need to provide this information just to browse our website.

Cookies. Cookies are small files placed on your PC by our web server. We use cookies to track how people use our website and to remember information about you when you return to our site. We do not store any sensitive personal information such as your Social Security number, account number or password in our cookies. You can disable cookies by adjusting the preferences in your web browser, but if you do so you might not be able to access certain parts of our website or take advantage of certain features of our website.

Banner Ads and Links to External Sites. From time to time, ads for our corporate affiliates or other third parties may appear on our website. When you click on an ad you will be redirected to the advertiser's website. We take no responsibility for the content or privacy policies of third party advertisers.

Data Security. We will take reasonable precautions, including the use of multi-factor authentication, to protect personal information from loss, misuse and unauthorized access, disclosure, alteration, and destruction. However, these measures, standing alone, are not sufficient to ensure the security of your personal information. It is also important for you to guard against unauthorized access to your passwords and the unauthorized use of your computer.

Protecting Children Online. We will not knowingly collect or use personal information from children under age 13 without their parent's consent. If we receive personal information from a child we know to be under 13, we will only use that information to respond directly to that child or to seek parental consent.

YOUR RIGHTS IN SHARING INFORMATION

We respect your privacy and are committed to the responsible use of information. We are part of a broad network of companies dedicated to best in class products and services. As such we wish to keep you informed of new products and services which may be of benefit to you. You may tell us not to send you information about new products and services by mail, telephone or e-mail. We may still send you communications about your existing accounts. You may tell us not to share any information about you with unaffiliated third parties, except that we may disclose information as required by law or as necessary to manage your accounts. You may tell us not to share with our affiliates your information from applications, credit eligibility, and information from sources used to verify information you provide to us. We may still share with our affiliates other types of information, such as your name, address, transaction information, balance and experiences with us. Residents of some states (including California and Vermont) may have additional privacy rights. OptumHealth Bank adheres to all applicable state laws.

If you do not wish to exercise your right to opt-out of information sharing, no action is required. If you do wish to exercise your right to opt-out and limit our ability to keep you informed of beneficial products and services, please complete the attached opt-out (or "Opt-In Notice" for CA and VT Residents) form and send it to OptumHealth Bank at:

OptumHealth Bank, Member FDIC
P.O. Box 271629
Salt Lake City, UT 84127-1629

We reserve the right to change this policy at any time. We will send you our updated Privacy Policy on an annual basis. Your choice will apply to all accounts under your name. We will process your request in a timely manner as soon as we receive it.

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OPT-OUT NOTICE

Important Privacy Choices for Consumers

Please share with us your privacy choices by completing this form and sending it to the address below. If you choose not to opt-out of information sharing, no action is necessary.

Please do not share my information with any affiliated or nonaffiliated third parties. Note: Your decision to opt-out of information sharing does not apply to information about your transactions and experiences with OptumHealth Bank, information necessary to manage your account or complete a transaction you requested, information sharing practices as outlined in this policy, or when disclosure is otherwise permitted by law.

For customers in California and Vermont Only: We will not disclose nonpublic personal information about you to nonaffiliated third parties (other than disclosures permitted by law) unless you complete and return the "Opt in" notice below.

Account # OR Social Security # _____

Name: _____

Signature: _____

Date: _____

If you checked the box above, please mail this form in a stamped envelope to: the address below.

OPT-IN NOTICE [CALIFORNIA AND VERMONT ONLY]

OptumHealth Bank will not share any nonpublic personal information about you with nonaffiliated third parties without your permission, except as permitted by law.

If you want to authorize us to share your personal information, please check the "Yes" box below. If you choose this option you may receive marketing offers for products and services offered by companies other than OptumHealth Bank and its affiliates. If you do not choose this option, it may limit our ability to provide some financial or insurance products and services.

Yes, you may disclose my personal information to nonaffiliated third parties.

Account # OR Social Security # _____

Name: _____

I understand that this consent will remain in effect until I choose to revoke it and that I may revoke my consent at anytime by sending written notice to the address specified on this form.

Signature: _____

Date: _____

Please mail the completed form in a stamped envelope to:

OptumHealth Bank, Member FDIC
P.O. Box 271629,
Salt Lake City, UT 84127-1629

OptumHealth Bank will retain this form in its records. You should make a copy for your own records before mailing the original to us. You can obtain a copy of this form at any time by writing to the address above.