

YOUR OPTIONS ON OUR SHARING OF CERTAIN INFORMATION

Accompanying this notice, we have explained our policy and your rights concerning the disclosure of certain information. If you wish to exercise your right to ask us to withhold the sharing of certain information, please let us know in writing by filling out the form below and mailing it back to us. You must fill this form out completely for us to honor your request. Please mail this form to: BancorpSouth, Attn: Customer Privacy, 2910 W. Jackson Street, Tupelo, MS 38801. We will process your request within 4 to 6 weeks. Your business, and trust in us, is greatly appreciated.

___ I wish to exercise my opt out of non-affiliated third-party marketing as described in BancorpSouth's Privacy Policy.

___ I wish to exercise my opt out of affiliate sharing as described in BancorpSouth's Privacy Policy.

Please print your name

Address

City, State and ZIP Code

Social Security Number (last 4 digits only)

Date

_____/_____
Account Number (last 4 digits only) Account Type*

_____/_____
Account Number (last 4 digits only) Account Type*

_____/_____
Account Number (last 4 digits only) Account Type*

*(e.g., checking, savings, mortgage, insurance, etc.)

Use a separate sheet if additional space is needed.

See also the separate Affiliate Marketing Notice required by the Fair and Accurate Credit Transactions Act (FACT Act) and regulations thereunder.