

# IMPORTANT PRIVACY CHOICES

## For California Consumers of Ocwen Financial Corporation

Please read the following information carefully before you make your choices below.

### Your Rights

You have the right to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies with which we do business. However, nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. .

### Your Choices

To exercise your choices, please fill out, sign and send back this form to us using the envelope provided to you.

**1. Restrict Information Sharing With Companies We Own or Control (Affiliates)**

Unless you check the box below that says "NO," we may share personal and financial information about you with our affiliated companies.

NO, I do not want my personal and financial information shared with your affiliated companies.

**2. Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products and Services**

Unless you say "NO," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

NO, I do not want my personal and financial information shared with outside companies you contract with to provide financial products and services.

### Time Sensitive Reply

You may make your privacy choice(s) at any time. Your choices will apply to any and all parties that have a joint account with you. Your choice(s) marked here will remain in effect unless you state otherwise. However, if we do not hear from you initially, we may continue to share some of your information with our affiliated companies and other companies with whom we have contracts to provide products and services to you, as permitted by law. Once this form is received, we will maintain it as a true and correct copy which you may request from us at any time. However, you may want to make a copy of this document for your records now.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Name: \_\_\_\_\_

Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account or Policy Number(s): \_\_\_\_\_

If at any time you decide to make any changes to the above preferences, please write to us at the address provided below:

Ocwen Financial Corporation  
Attn: Marketing Department  
12650 Ingenuity Drive  
Orlando, FL 32826