



# Information Sharing OPT-OUT Request

Northeast Bank                       Trust Department                       NEB Financial Services

Location \_\_\_\_\_ Date \_\_\_\_\_

Completed By: \_\_\_\_\_ Port# \_\_\_\_\_

I DO NOT WANT you to share any personal financial information with affiliated or non-affiliated third parties (other than by making disclosures as required or permitted by law or during the normal course of banking business)

An opt-out request by any party on a joint account will apply to all parties on the joint account. Furthermore, all opt-out requests will apply to all disclosures of information except that which is allowed by law.

**IMPORTANT:** Please be aware that if you choose to prohibit the sharing of information with our affiliates, you may miss out on receiving information about valuable benefits. Once your opt-out request has been processed, it will remain in effect until you request a change in writing.

Signed (if by telephone, indicate as such) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

Hm.Phone# \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

NOTE: All areas of this form must be completed in order to ensure that the opt-out request is processed. Once received, please allow sixty (60) days for your request to take effect.

For questions regarding your opt-out request, contact:  
Northeast Bank, Privacy Administration, P.O. Box 2017 Lewiston, Me. 04241-2017  
1-800-284-5989

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**OFFICE USE ONLY**

	Received by:	Date	System Set-Up	Verified
<input type="checkbox"/> Privacy Administration	_____	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/> Trust Department	_____	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/> NEFS	_____	<input type="text"/>	<input type="text"/>	_____