

**GWI OPT-OUT NOTICE**

GWI respects your privacy and abides by the privacy rules mandated by the Federal Communications Commission. You have a right, and GWI has a duty under federal law, to protect the confidentiality of your Customer Proprietary Network information (“CPNI”). CPNI is information about the quantity, technical configuration, type, destination, location, usage and billing of your GWI phone service. GWI will not use or disclose your CPNI except as permitted or required by federal statute and applicable FCC regulations. GWI will use your CPNI only to provide GWI services to you or to suggest other GWI communications-related services tailored to your needs. GWI may disclose, share or permit access to your CPNI on a limited, as-needed basis with trusted agents and contractors that assist us in providing you with communications related services. Contractors and agents, as well as GWI, share a duty to protect your CPNI. These protections apply automatically, and you do not need to take any action in order to benefit from them.

Additional Options

As a GWI customer, you have the right to impose additional restrictions on GWI’s use of your CPNI by “opting out.” If you opt out, GWI cannot use your CPNI to market additional services to you. Opting out will not affect the provision of any GWI service to which you already subscribe, but it may prevent you from receiving certain information about additional services from GWI. We will not use your information for 33 days after mailing this notice to give you time to make your choice. In order to opt out, please complete and return the Opt –Out Notification set out below and mail the form to:

GWI  
Marketing  
43 Landry St  
Biddeford, Me. 04005

Please be advised that if you do not opt out, your consent will remain valid until we receive your notice withdrawing it. If you wish to withdraw your consent at any time, you may do so by calling us at 866-494-2020.

I have read this notice and would like to Opt-Out of the CPNI based marketing of products and services that are outside of my existing scope of service offered by GWI.

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Authorized Customer:

Street/Billing Address:

City, State, Zip Code

Account Telephone Number:

Account Number:

Authorized By: \_\_\_\_\_

(Signature of authorized contact currently listed on the account)

Date: