



# Notice of Opt Out

I have received and read the financial privacy notice. I hereby instruct T&I Credit Union not to make any of the disclosures to non-affiliates as described in the notice. This decision to opt out shall apply to the below listed accounts I have with T&I Credit Union, including any of these accounts which are joint with others. I understand that T&I Credit Union has 45 days to effect this request and that this notice does not apply to disclosures which are required or otherwise permitted by law.

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Print Name

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Signature

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Account Number(s)

**NOTE :** RETURN OF THIS FORM IS OPTIONAL. If you return this form, you will not receive any information on financial and insurance products offered to T&I Credit Union members.