

Opt Out Election Form

Completion Instructions: If you prefer that we not disclose nonpublic personal information about you to nonaffiliated third parties (other than disclosures permitted by law) you may opt out of such disclosures by properly completing this form and returning it to any of our staff members or mailing it to us in a stamped envelope addressed to:

Du Quoin State Bank
P. O. Box 468
15 E. Main Street
Du Quoin, IL 62832

Please make sure that you only return the Opt Out Election Form and that you retain the Consumer Privacy Protection Notice for your records.

Please be advised that incomplete opt out election forms or forms not submitted to us in accordance with the instructions provided above may be subject to substantial delay or may be disregarded by us in the event we are unable to discern your directions.

If you have any questions regarding the completion of this form, please feel free to discuss them with any of our staff members, or call us at (618) 542-2111.

_____ Yes, I wish to exercise my right to opt out of disclosure of my nonpublic personal information to nonaffiliated third parties (other than disclosures permitted by law). I prefer that you do not disclose my nonpublic personal information about me only or information about me and other accountholders jointly. I understand that you may disclose such information about my other joint accountholders individually unless I have otherwise indicated below.

_____ Yes, also please do not disclose such information about any of my joint accountholders individually whose names are listed below:

(Please print names of your joint accountholders)

(Customer's Name – Please Print)

(Customer's Telephone Number)

(Customer's Social Security Number)

(Customer's Signature)

(Date)