

**Rice Insurance
Opt Out Form**

(as of 07/01/2001)

Please read the text below and decide whether you wish to exercise your right to opt out of the information sharing described. If you choose to exercise your right to opt out, you must mail this form back to us at 1400 Broadway, Bellingham, WA 98225. Your response must be postmarked no later than 30 days from the date you received this notice from us in person in order for it to be valid. If you do not mail this form back or do not mail it back within 30 days, you have not exercised your opt out right, and we can share the information described.

_____ I wish to exercise my right under the Gramm-Leach-Bliley Act to opt out of Rice Insurance LLC's sharing nonpublic personal information about me to non-affiliated third parties for purposes other than those that are permitted by law.

_____ I wish to exercise my right under the Fair Credit Reporting Act to opt out of Rice Insurance LLC's sharing of nontransactional information about me to affiliates.

Customer Signature _____

Date _____

We are licensed in the following States/Provinces:
Washington.