



IMPORTANT CUSTOMER NOTICE

Effective the end of this year, the FCC has implemented new rules to protect the privacy of information contained in your telephone account with Northeast Nebraska Telephone Company. The new rules allow us to discuss account information ONLY with the person(s) listed on the account. Also, we must be able to authenticate that person and will do that by asking a specific question to which you have previously provided us the answer (See question below).

Although we have always treated your account information with confidentiality, please help us in our effort to further ensure that we protect the information, by completing the following:

Authentication Question: Please provide your Social Security Number or the last four digits of your SSN:

SSN _____-____-_____ or Business FID ____-_____

Authorized Account Representatives

If your account is listed only in your name, you might want to consider adding another name, if appropriate, e.g., a spouse, parent, child or roommate. If you are a parent or individual that relies on someone else to discuss account changes, payments or anything else with our company, you will need to have that person's name added to your account. The name does not need to be added to the billing name but can be added to our records as an authorized person for discussing information and making changes to your account. The additional contact(s) that you authorize will not be listed in the telephone directory, be responsible for payment of this account, or be entitled to any of the capital credits or voting privileges associated with this account.

_____ No, I do not want to add any additional authorized contacts to my account.

_____ Yes, I would like to add the following as authorized contacts for my account (please print):

Name: _____ Last Four Digits of SSN: ____ ____

Name: _____ Last Four Digits of SSN: ____ ____

NOTE: If you are adding contacts, they will need to supply the last four digits of their SSN or be able to provide us with the last four digits of your SSN.

Account Telephone Number(s): ____ ____ - ____ ____ - ____ ____ (main line)

_____ (additional lines)

Authorized by: _____ Date: _____

(Signature of person currently listed on account)

(Printed Name)

You may enclose this completed form with your next payment or return it to:

NNTC / PO Box 66 / Jackson, NE 68743