

Customer Proprietary Network Information (CPNI) Form

Golden West implements Customer Proprietary Network Information (CPNI) rules in accordance with the Federal Communications Commission order, in order to protect the privacy of information contained in your account. The new CPNI rules, which are now in effect, allow us to discuss account information only with the person(s) listed on the account. In addition, before we can answer questions or provide information related to the account, we must first be able to verify the person we are talking to is listed on the account.

What Does This Mean To Me? When a customer walks into one of our business offices to discuss their account information, they will be asked for their photo ID. The valid photo ID must match the name on the account. When a customer calls one of our business offices they will be asked questions to confirm they are the account holder or authorized to discuss or make changes to the account.

Who Can Access or Make Changes to the Account? If your account is listed only in your name, you may want to consider adding another name to the account, if appropriate, i.e. a spouse. If you are a parent or individual that relies on someone else to make account changes, payments, or anything else with our company, you will need to have that person's name added to your records as an authorized person for discussing information and making changes to your account. The additional person(s) that you authorize will not be listed in the telephone directory, responsible for payment of this account, or entitled to any of the privileges associated with this account.

Golden West is prohibited from providing any information to anyone whose name is not listed on the account. If you would like to allow someone else to have access to your account you may do so by notifying us in writing. **Simply return this form including the billing name(s), last 4 digits of the Social Security numbers, billing phone number, and the name of the person(s) that you are adding, as well as the last four digits of their Social Security number. These changes cannot be made if your request is not signed.**

Please update my account information

Billing Phone Number(s): (_____) _____ (_____) _____

Billing Name: _____

Last 4 digits of SS#: _____

Billing Name: _____

Last 4 digits of SS#: _____

I authorize Golden West to allow the following person(s) to obtain information or make changes to this account:

Name 1: _____

Last 4 digits of SS#: _____

Name 2: _____

Last 4 digits of SS#: _____

Billing Name): _____

(Signature of a person currently listed on this account)

Date: _____

