

Customer Name Address Line 1 Address Line 2 Address Line 3 Billing City, Billing State, Billing Zip

Please read the enclosed letter regarding your community's Electric Municipal Aggregation Program.

OPT-OUT INSTRUCTIONS

If you do not wish to be included in the Program, please complete the section below and return to Dynegy in the enclosed postage-paid envelope **or call Dynegy at 866-220-5696** no later than **July 12, 2017**. If you have questions or need additional information about Municipal Aggregation or Dynegy, please visit www.Dynegy.com for FAQs and community specific information. Dynegy Customer Care is available 9:00am to 8:00pm EST Monday through Friday at (866) 220-5696 or via email at DesCustCare@Dynegy.com.

Electric Aggregation Program Opt-Out Notification

Please complete this form if you want to opt-out of your community's electric aggregation program.

Signature:

By completing this form, you certify that you are the customer of record for the electric account at the above address.

Ele	ectric	Utility	Bill	Infor	mat	ion	1:
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Name as it appears on the bill:

Customer ID Number: {account number}
Telephone Number:
Service Street Address:

Service City:

