

Customer Name Address Line 1 Address Line 2 Address Line 3 Billing City, Billing State, Billing Zip FOR SERVICE LOCATED AT:

«SERV_ADDR1»

«SERV_ADDR2»

«SERV_CITY», «SERV_STATE» «SERV_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 13, 2019. 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.

EΙε	ectric	Utility	Bill	Into	rmat	tion:
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Name as it appears on the bill:

Customer ID Number: {account number}

Telephone Number:

Service Street Address:

Service City:

