

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Privacy Office/Customer Service Department]
[Company Address]
[City, State, Zip Code]

RE: Privacy Opt-Out Notice - Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing this letter to formally request to opt out of the sharing of my personal and financial information, as permitted under the Gramm-Leach-Bliley Act and your company's privacy policy.

Please record my preferences to limit the sharing of my non-public personal information as follows:

- Do not share my personal information with non-affiliated third parties for marketing purposes.
- Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
- Do not allow your affiliates to use my information to market their products or services to me.

This opt-out request applies to all accounts and policies associated with my name and the policy number listed above. Please update your records immediately and provide me with a written confirmation once this request has been processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]