

[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Account Number, if applicable]

[Date]

[Financial Institution Name]
[Privacy Office Department]
[Institution Address]
[City, State, Zip Code]

Subject: Notice of Opt-Out Regarding the Sharing of Non-Public Personal Information

To Whom It May Concern,

I am writing to formally exercise my right to opt out of the sharing of my non-public personal information (NPI) as provided under the Gramm-Leach-Bliley Act and your company's privacy policy.

Please record my preferences to limit the sharing of my personal and financial information as follows:

- Do not share my non-public personal information with non-affiliated third parties for marketing purposes.
- Do not share information about my creditworthiness or transaction history 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 held in my name, as well as any joint accounts associated with my personal information.

Please confirm in writing that my request has been processed and that my privacy preferences have been updated in your records.

Sincerely,

[Your Signature]

[Your Printed Name]