

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

[Date]

[Privacy Officer or Customer Service Department]  
[Life Insurance Agency Name]  
[Agency Address]  
[City, State, Zip Code]

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

To Whom It May Concern,

I am writing to formally request that you limit the sharing of my personal and financial information as permitted under the Gramm-Leach-Bliley Act and any applicable state privacy laws.

Please record my preference to opt-out of the following:

- The sharing of my personal information with non-affiliated third parties for marketing purposes.
- The sharing of information about my creditworthiness with your affiliates for their everyday business purposes.
- The use of my personal information by your affiliates to market their products or services to me.

This opt-out request applies to all accounts and policies associated with my name and social security number. Please update your records immediately and provide me with written confirmation that this request has been processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]