

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Policy Number]  
[Date]

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

**Subject: Annual Privacy Policy Opt-Out Notice**

To Whom It May Concern,

I am writing to formally exercise my right to opt out of the sharing of my personal and financial information, as referenced in your annual Privacy Policy notice and in accordance with the Gramm-Leach-Bliley Act (GLBA) and applicable state laws.

Please record my preference to opt out of the following:

- The sharing of my non-public personal information with non-affiliated third parties for marketing purposes.
- The sharing of information regarding 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 the policy number listed above, as well as any other accounts or policies associated with my name and social security number.

Please confirm in writing that my opt-out preferences have been updated in your system. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]