

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

[Date]

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

RE: Notice of Privacy Opt-Out

Policy Number(s): [Your Policy Number(s)]

To the Privacy Officer,

I am writing to formally exercise my right to opt out of the sharing of my personal information, as provided under the Gramm-Leach-Bliley Act and applicable state insurance privacy laws.

Please record my preferences 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 marketing 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 personal information associated with the policy numbers listed above, as well as any other accounts or policies I may hold with your institution.

Please update your records immediately and send me a written confirmation that my request has been processed.

Sincerely,

[Your Signature]

[Your Printed Name]