

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

[Date]

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

Subject: Formal Notice to Opt-Out of Sharing Non-Public Personal Information

To Whom It May Concern,

I am writing to formally request that [Insurance Brokerage Name] limit the sharing of my non-public personal information (NPI) as permitted by the Gramm-Leach-Bliley Act (GLBA) and applicable state privacy 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 sharing of my personal information with your affiliates so they can market their products or services to me.

My account/policy details are as follows:

Name: [Full Name on Policy]
Policy or Account Number: [Your Number]
Address: [Address on File]

Please confirm in writing that my opt-out request has been processed and applied to my account. This request is to remain in effect until further notice from me.

Sincerely,

[Your Signature]

[Your Printed Name]