

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

[Date]

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

**RE: Notice of Opt-Out Regarding Financial Data Sharing**

Policy Number: [Your Policy Number]

To the Privacy Officer,

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

Please record my preference to restrict the sharing of my non-public personal information as follows:

- Do not share my personal financial information with non-affiliated third parties for marketing purposes.
- Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
- Do not allow your affiliates to use my personal information to market their products or services to me.

Please apply this opt-out request to all accounts and policies associated with my name and the policy number listed above. I request that you update your records immediately and provide written confirmation once this request has been processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]