

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

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

Subject: Formal Notice to Opt-Out of Information Sharing with Unaffiliated Third Parties

To Whom It May Concern,

I am writing to formally exercise my right to opt-out of the sharing of my personal, non-public information. Pursuant to the Gramm-Leach-Bliley Act and applicable state privacy laws, please record my preference regarding the following:

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

Please update my account records immediately to reflect this opt-out request. I request that this preference remain in effect until I provide written notice otherwise.

Please send me a written confirmation that my request has been processed.

Sincerely,

[Your Signature]

[Your Printed Name]