

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

[Date]

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

RE: Privacy Election Opt-Out - Policy Number: [Your Policy Number]

To Whom It May Concern,

I am a new policyholder with [Insurance Company Name]. I am writing to formally exercise my right to opt-out of the sharing of my personal and financial information.

Please record my preferences for the following:

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

I understand that this request does not apply to information sharing required by law or necessary to process my insurance transactions and service my policy.

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

Sincerely,

[Your Signature]

[Your Printed Name]