

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

[Date]

[Name of Financial Institution]
[Privacy/Compliance Department Address]
[City, State, Zip Code]

RE: Closed Account Financial Privacy and Data Retention Request

To Whom It May Concern,

I am writing regarding my closed account(s) held with [Name of Financial Institution].

Account Details:

Account Holder Name: [Your Full Name]
Account Number(s): [Last four digits of account number(s)]
Date of Account Closure: [Approximate Date]

I am formally requesting information regarding the status of my personal and financial data following the closure of these accounts. Specifically, I request that you:

- Confirm which categories of my personal and financial information are still being retained by your institution.
- State the specific legal or regulatory requirements (e.g., Bank Secrecy Act, AML regulations) that mandate the continued retention of my data.
- Provide the exact date on which my data is scheduled to be permanently deleted or purged from your systems.
- Limit the internal use and sharing of my data to the absolute minimum required by law, and ensure my information is opted out of all marketing and third-party sharing.

Please provide a written response within [30] days confirming that these requests have been noted and detailing your data retention timeline for my records.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Printed Name]