

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

[Date]

[Financial Institution Name]
[Privacy Office Department]
[Address]
[City, State, Zip Code]

RE: Notice of Election to Opt-Out of Information Sharing

To Whom It May Concern:

I am writing to formally exercise my right to opt-out of the sharing of my personal and financial information, as provided under the Gramm-Leach-Bliley Act and your institution's privacy policy.

Please record my preferences for account number [Your Account Number] as follows:

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

Please apply these opt-out elections to all accounts and services associated with my name and social security number. I understand that these elections will remain in effect until I notify you otherwise in writing.

Please confirm in writing that my opt-out preferences have been processed.

Sincerely,

[Your Signature]

[Your Printed Name]