[Date]

[Institution Name]
[Institution Address]
[City, State, Zip Code]

Subject: Notification of Initial Deposit Insurance Assessment Rate

Dear [Contact Name/Executive Officer],

This letter serves as official notification regarding the initial deposit insurance assessment rate assigned to [Institution Name] for the upcoming assessment period beginning [Start Date].

Based on our review of your institution's financial profile, supervisory ratings, and relevant risk factors, your initial assessment rate has been established at:

Initial Assessment Rate: [0.00]% per annum

This rate is calculated based on the following criteria:

- Capital Adequacy Ratio
- Supervisory Group Assignment
- Asset Quality and Risk Profile
- [Additional Factor if applicable]

Please note that this rate is subject to periodic adjustments based on changes in your institution's financial condition or updates to the Deposit Insurance Fund (DIF) requirements. Assessment premiums will be collected via [ACH/Electronic Transfer] on [Payment Date].

If you have any questions regarding this assessment or the methodology used to determine your rate, please contact the Assessment Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Authorized Signature]
[Name of Official]
[Title]
[Regulatory Agency/Organization Name]