

[Date]

[Customer Name]
[Company Name]
[Street Address]
[City, State, Zip Code]

RE: Acknowledgment of Uninsured Deposits - Account Number: [Account Number]

Dear [Customer Name/Contact Person],

This letter serves as a formal acknowledgment regarding the deposit balances held by [Company Name] at [Financial Institution Name].

Based on current records, your total aggregate deposit balance exceeds the standard maximum deposit insurance amount provided by the [Insurance Agency Name, e.g., FDIC or NCUA]. Please be advised that funds exceeding the limit of [Insurance Limit, e.g., \$250,000] are considered uninsured.

By signing this letter, you acknowledge the following:

- You have been informed that a portion of your deposits exceeds the federal insurance limits.
- You understand the risks associated with maintaining uninsured funds within a single financial institution.
- You confirm that [Financial Institution Name] has provided this notification in accordance with internal compliance policies and/or regulatory requirements.

If you have any questions regarding your account coverage or wish to discuss options for managing your excess liquidity, please contact your Relationship Manager at [Phone Number].

Please sign and return a copy of this acknowledgment for our records.

Sincerely,

[Signature]
[Name of Bank Representative]
[Title]

Customer Acknowledgment:

I, the undersigned, acting as an authorized representative for [Company Name], hereby acknowledge receipt of this notice regarding uninsured deposits.

Signature: _____
Print Name: _____
Title: _____
Date: _____