

**Date:** [Insert Date]

**To:** [Depositor Name]

**Address:** [Depositor Address]

**Account Number(s):** [Insert Account Number(s)]

**Subject: Important Notification Regarding Uninsured Funds**

Dear [Depositor Name],

We are writing to formally notify you regarding the insurance status of the funds held in your account(s) at [Financial Institution Name].

Based on our most recent audit and in accordance with [Name of Regulatory Body/Agency] guidelines, it has been determined that a portion of your total deposits exceeds the standard insurance limit of [Insert Insurance Limit, e.g., \$250,000].

**Summary of Deposit Status:**

- **Total Balance:** \$[Insert Total Amount]
- **Insured Amount:** \$[Insert Insured Amount]
- **Uninsured Amount:** \$[Insert Uninsured Amount]

Please be advised that the "Uninsured Amount" listed above is not covered by [Name of Insurance Provider, e.g., FDIC/NCUA]. In the event of a financial failure of this institution, these specific funds may be at risk.

We recommend that you review your account structure or consider diversifying your holdings to ensure maximum coverage. If you have questions regarding how to structure your accounts to increase your insured limits, please contact our representative at [Phone Number] or visit our branch office.

Thank you for your continued trust in our institution.

Sincerely,

[Authorized Signature]

[Name of Officer]

[Title]

[Financial Institution Name]