

[Date]

[Depositor Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Notification Regarding Liquidity Risk Management for Uninsured Deposits

Dear [Name of Depositor/Contact Person],

We are writing to provide you with important information regarding the management of liquidity risk associated with your deposits at [Financial Institution Name] that exceed the standard insurance limits provided by the [Insurance Provider, e.g., FDIC].

As part of our commitment to financial transparency and regulatory compliance, we wish to outline our strategies for maintaining liquidity and safeguarding your assets:

- **Liquidity Monitoring:** We maintain a robust framework to monitor cash flows and liquidity ratios daily to ensure we meet all withdrawal obligations.
- **Asset-Liability Management:** Our institution manages a diversified portfolio of high-quality liquid assets (HQLA) that can be readily converted into cash if necessary.
- **Contingency Funding Plans:** We maintain established lines of credit and access to secondary funding sources to address any unexpected liquidity needs.
- **Risk Diversification:** We actively manage our deposit concentration to prevent excessive reliance on any single funding source.

Please be advised that deposits exceeding [Insurance Limit, e.g., \$250,000] are considered uninsured and are subject to the general credit risk of the institution. We encourage you to review our latest financial statements and quarterly call reports, which are available upon request or via our website at [Website URL].

If you have any questions regarding our liquidity position or wish to discuss alternative deposit structures, such as reciprocal deposit programs, please contact your account manager at [Phone Number].

Thank you for your continued trust in [Financial Institution Name].

Sincerely,

[Signature]

[Name of Officer]

[Title]

[Financial Institution Name]