

**Date:** [Insert Date]

[Customer Name]  
[Address Line 1]  
[City, State, Zip Code]

**Subject: Notification of Uninsured Deposit Status**

Dear [Customer Name],

In accordance with [Insert Regulatory Act/Regulation Name] and our commitment to regulatory transparency, this letter serves as formal notification regarding the insurance status of your account(s) held with [Financial Institution Name].

Based on our recent periodic review, we have identified that a portion of your total deposits exceeds the standard maximum deposit insurance amount (SMDIA) provided by the [Insert Insurance Body, e.g., FDIC or NCUA].

**Account Summary:**

- **Account Number(s):** [Insert Account Number(s)]
- **Total Balance:** [Insert Total Balance]
- **Insured Amount:** [Insert Insured Limit, e.g., \$250,000]
- **Estimated Uninsured Amount:** [Insert Uninsured Balance]

Please be advised that the "Estimated Uninsured Amount" listed above is not covered by federal deposit insurance. This status may be the result of account consolidation, accrued interest, or deposits exceeding the legal coverage limits for your specific ownership category.

We recommend that you review your account structures. You may be able to increase your insured coverage by redistributing funds across different legal ownership categories (e.g., single accounts, joint accounts, or trust accounts).

If you have questions regarding this notification or wish to discuss options for managing your deposits, please contact your Relationship Manager or visit any branch location.

Sincerely,

[Name of Officer]  
[Title]  
[Financial Institution Name]  
[Compliance Department Contact Information]