

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Title]
[Institution Name]
[Address Line 1]
[City, State, Zip Code]

Re: Notice of Revision to Uninsured Deposit Policy

Dear [Recipient Name],

Enclosed please find the recently revised Uninsured Deposit Policy for [Company Name], effective as of [Effective Date].

The primary purpose of this revision is to [briefly state reason, e.g., enhance risk management protocols / comply with updated regulatory guidelines]. Key changes include:

- [Description of change 1]
- [Description of change 2]
- [Description of change 3]

This policy governs the management and oversight of cash balances that exceed federal insurance limits. Please ensure that all relevant personnel review the attached document to maintain compliance with our internal liquidity and risk standards.

If you have any questions regarding these updates or require further clarification, please contact [Name/Department] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Typed Name]
[Title]

Enclosure: Revised Uninsured Deposit Policy