

**Date:** [Insert Date]

**Subject:** IMPORTANT: Notice of Uninsured Deposit Threshold Exceedance

Dear [Account Holder Name],

We are writing to formally notify you that the total balance across your accounts at [Financial Institution Name] has exceeded the standard deposit insurance limit of [Insert Amount, e.g., \$250,000].

Currently, your combined balance is **[Insert Total Balance]**. Under the guidelines provided by the [Insert Agency Name, e.g., FDIC or NCUA], deposits are generally insured up to [Insert Amount] per depositor, per insured bank, for each account ownership category.

Based on our records, a portion of your funds-specifically **[Insert Amount Over Limit]**-is currently classified as uninsured. In the event of a financial institution failure, uninsured funds may not be fully recovered.

To ensure your assets remain protected, we recommend the following options:

- **Account Restructuring:** Moving funds into different ownership categories (e.g., joint accounts, trust accounts) to increase coverage.
- **Fund Redistribution:** Moving excess funds to other insured financial institutions.
- **Specialized Products:** Utilizing reciprocal deposit services that distribute funds across multiple banks to maintain full insurance coverage.

Please contact your account manager or visit our nearest branch at your earliest convenience to discuss how to best secure your deposits. You may also find more information regarding insurance coverage at [Insert Website URL].

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

Sincerely,

[Sender Name]

[Title/Department]

[Financial Institution Name]