



**NOTIFICATION OF CHANGE LETTER
EXCESS DEPOSIT INSURANCE BOND**

PO Box 26104
Oklahoma City, Oklahoma
73118-9941

Date: _____

Specified Account Holder Name:
Address:
City/State:

Dear Sirs:

This letter serves as my request to CANCEL REDUCE my Individual Limit of Liability under Excess Deposit Insurance Bond Certificate Number: _____

The Individual Limit of Liability should be reduced to: \$ _____

Signature of specified accountholder: _____

Specified account numbers: _____

