



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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_