

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

FDIC

Division of Resolutions and Receiverships

P.O. Box 45904

Jacksonville, FL 32232-5904

Subject: Claim for Deposit Insurance - [Bank Name], Account Number: [Your Account Number]

Dear FDIC Claims Administrator,

I am writing to file a claim for deposit insurance under the Federal Deposit Insurance Corporation (FDIC) for my account held at [Bank Name], which was closed on [Closing Date].

Account Holder Information:

- Name: [Your Name]
- Social Security Number: [Your SSN]
- Address: [Your Address]
- Account Type: [Checking/Savings/Certificate of Deposit]
- Account Number: [Your Account Number]

Details of Claim:

I acknowledge that my deposits at [Bank Name] are insured up to the allowable limits as per FDIC regulations. I am requesting the reimbursement of my insured deposit amounting to [Total Deposit Amount]. The bank closed under [reason for closure, if known], and I wish to ensure that I receive the necessary funds that are rightfully due to me. Enclosed with this letter are copies of the following relevant documents:

1. Bank Statement showing my deposits
2. Identification proof (Driver's License/Passport)
3. Any additional relevant documents

I request that you process my claim at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]