

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

FDIC

Office of the Ombudsman
550 17th Street NW
Washington, DC 20429

Subject: Claim for Deposit Insurance

Dear FDIC Ombudsman,

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

Account Holder Name: [Your Name]

Account Number: [Your Account Number]

Bank Name: [Bank Name]

Bank Address: [Bank Address]

On [Date], I was informed that [Bank Name] was closed by regulators, and I was advised to contact the FDIC regarding my insured deposits. I have confirmed that my total account balance was [\$Amount] at the time of closure.

Enclosed with this letter are the following documents:

- A copy of my identification (Driver's License/Passport)
- Bank statements showing my account balance
- Any other relevant documentation

Please let me know if any further information or documentation is required to process my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]