

California Consumer Privacy Act (CCPA) Authorized Agent Form

Instructions: Please complete the following to authorize a third party to submit a request under the California Consumer Privacy Act (CCPA) on your behalf. Note that we may require additional verification upon receipt of this completed form.

If you provide a valid Power of Attorney pursuant to the California Probate Code Sections 4121 to 4130, you do not need to complete this form.

Send this original signed declaration or valid California Power of Attorney to:

Reprise Financial
 Attn: CA Privacy Processing
 P.O. Box 9585
 Coppell, TX 75019

Note: If you do not return the signed declaration to the above address within 20 days, your CCPA request will expire and you will need to submit a new request.

Authorized Agent Declaration

Your Information			
Name: _____ Date of Birth: _____ Last 4 SSN: _____			
Street Address: _____			
City: _____		State: _____	Zip: _____
Telephone Number: _____		Email Address: _____	
Deliver Requested Information to (choose one option below):			
<input type="checkbox"/> My email address	<input type="checkbox"/> My street address	<input type="checkbox"/> Authorized Agent's address	<input type="checkbox"/> Authorized Agent's email

Authorized Agent Information
Authorized Agent is: <input type="checkbox"/> an individual. <input type="checkbox"/> a business.
Individual or Business Name: _____
Relationship to CA Resident: _____
Authorized Agent Street Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Email Address: _____
California Secretary of State Registration Number*: _____

*If registered in the state of CA, please provide your registration number for verification.

I, _____, resident at
(Print your name)

_____, appoint
(Print your address)

_____ located at
(Print authorized agent's name)

(Print authorized agent's address)

as my Authorized Agent to exercise the following rights under the CCPA on my behalf:

Request to Know Categories of Information

Request to Know Specific Pieces of Information

Request to Delete Information

Request to Correct Information

This authorization is effective immediately and will continue until it is revoked.

I agree that Reprise Financial, upon receipt of this document, may complete CCPA requests as authorized by this document. Reprise Financial may contact me directly to verify my identity and confirm the designation of my authorized agent. I agree to indemnify Reprise Financial for any and all claims that arise against Reprise Financial because of reliance on this authorization.

By signing this authorization, I acknowledge that I have read and understand the above information. I declare under penalty of perjury that I am the person whose personal information is subject to this authorization.

(Your Signature)

(Date)

AUTHORIZED AGENT: BY ACCEPTING OR ACTING UNDER THIS AUTHORIZATION, THE AUTHORIZED AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF THE AN AGENT.

By signing this authorization, I acknowledge that I have read and understand the above information.

(Authorized Agent's Signature)

(Date)