

## 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 registered with the CA Secretary of State.
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*: _____

\*Only required for a business entity acting on an individual's behalf under the CCPA.

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

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)