## **Authorized Agent Designation Form**

*Instructions*: If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below.

Please note, if Greenfield Groves Inc. and/or its affiliates (collectively "Greenfield Groves") are unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes.

For more information, please see our Privacy Policy at:

https://www.greenfieldgroves.com/privacy-matters-for-greenfield-groves

If sending your Authorized Agent Designation Form by mail, please use the following address:

Greenfield Groves Inc. ATTN: Privacy Officer 18575 Jamboree Road #6 Irvine, California 92612

If sending your Authorized Agent Designation Form by email, please use the following address:

privacy@greenfieldgroves.com

## **Requestor Information**

Full Name			
Mailing Address			
Email Address			
Phone Number			
Notes			

## **Authorized Agent Information**

Signa	ture of Requestor	Today's date (mm/dd/yyyy)
<ul> <li>I am the Requestor whose name appears above and the information provided in this form is true and accurate.</li> <li>I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.</li> <li>I grant the Authorized Agent permission to submit the request(s) indicated above to Greenfield on my behalf.</li> <li>I authorize Greenfield to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent but will instead be sent directly to me at the address provided above.</li> <li>I agree to indemnify Greenfield for any and all claims that arise against Greenfield in relation to its reliance on this Authorized Agent Designation form.</li> </ul>		
<ul> <li>□ Request to delete my personal information;</li> <li>□ Request to access my personal information.</li> <li>□ Request to modify my personal information;</li> <li>□ Request to object to the processing of my personal information; and/or</li> <li>□ Request to restrict the processing of my personal information.</li> </ul> By signing below and submitting this Authorized Agent Designation form, I affirm the following:		
I, Requ	rization lestor, designate the Authorized Agent listed lowing request(s) on my behalf (check all that	
	Authorized Agent's California Secretary of	State Registration Number <sup>1</sup> (if applicable)
	Phone Number	
	Email Address of Authorized Agent	
	Full Name of Authorized Agent	

Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.