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AFGroup.com

California Authorized Agent Designation Form

California residents have the right to designate an authorized person or corporate entity¹ to exercise rights granted to them under the California Consumer Privacy Act (“CCPA”). To make this designation, California residents may complete and submit this “Authorized Agent Designation Form” to AF Group.

If AF Group is unable to verify the identity of the person submitting this form, we may request additional information from the person making the submission. Authorized agents that have been provided a power of attorney from a consumer may submit requests directly on behalf of that consumer so long as proof of such power is submitted along with the consumer request form.

¹ If designating an entity to act on your behalf, AF Group requires that such entity be registered with the California Secretary of State. AF Group will not provide information to unregistered agents.

Consumer’s Information:

First Name: _____ Last Name: _____

Email: _____

Mailing Address: _____

City: _____

State/Region: _____ Postal Code: _____

Phone Number: _____

Check if State of Residence is California or was in the immediate last 12 months.

The CCPA applies to California residents (including those in the immediate last 12 months) only.

Authorized Agent’s Information:

First Name: _____ Last Name: _____

Email: _____

Mailing Address: _____

City: _____

State/Region: _____ Postal Code: _____

Phone Number: _____

By signing below, I authorize the agent identified above to make the following type of request on my behalf:

- To know the categories of personal information collected about me.
- To know the specific pieces of personal information collected about me.
- Deletion of the personal information collected about me.
- Request to opt-out of the sale of my personal information.

Please deliver any information requested by my authorized agent to:

- Me
- My authorized agent

Date: _____

Consumer's Signature: _____