

CALIFORNIA CONSUMER PRIVACY ACT [1798] ARTICLE 4 – VERIFICATION OF REQUESTS**AUTHORIZED AGENT****(Statute 999.326)****Explanation**

You have the right to give instructions about exercising your own data privacy rights. You also have the right to name someone else to exercise your data privacy rights on your behalf. This form lets you express your wishes regarding your personal privacy preferences and the designation of your primary agent. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for your data privacy rights. Part 1 lets you name another individual as agent to submit privacy-related requests for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless the form you sign limits the authority of your agent, your agent may make all privacy-related decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all privacy-related decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any policy, notice, terms of use, product, service, or agreement affecting your data privacy rights and your risk exposure to unauthorized data disclosure through third parties.

(b) Select or terminate vendors, including service providers and institutions that collect or process your personal information.

(c) Approve or disapprove selection of privacy tests to run, evidence to publish, and formal complaints to file with authorities, or lawsuits to file with courts of jurisdiction.

Part 2 of this form lets you give specific instructions about any aspect of your data privacy, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of consent to give or receive information. Space is also provided for you to add to the choices you have made or for you to write out any additional provisions. If you are satisfied to allow your agent to determine what is best for you in making privacy-related decisions, you need not fill out Part 2 of this form.

Part 3 of this form provides legal authentication that you personally signed this consent directive, which is dated and signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your agent, to any vendors or service providers you may have, to any financial institution or government agency in possession of your personal information. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this agent authorization consent directive or replace this form at any time.

PART 1
POWER OF ATTORNEY FOR DATA PRIVACY RIGHTS

- (1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make privacy-related decisions for me:
Craig Stanton Erickson, dba PrivacyPortfolio, LLC.

(name of individual you choose as agent)

3129 School St.

(address)

Oakland

CA

94602

(city)

(206) 661-1082

(510) 330-8638

(state)

(ZIP Code)

(home phone)

(work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a privacy-related decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address)

(city)

(state)

(ZIP Code)

(home phone)

(work phone)

- (1.2) AGENT'S AUTHORITY: My agent is authorized to make all privacy-related decisions for me, including decisions to provide, withhold, or withdraw consent to use my personal information in accordance with my own personal privacy policy, except as I state here: (Add additional sheets if needed.)

- (1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective on the date this consent directive is signed by me.

- (1.4.) AGENT'S OBLIGATION: My agent shall make privacy-related decisions for me in accordance with this power of attorney for data privacy rights, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make privacy-related decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

- (1.5) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2
INSTRUCTIONS FOR MAKING PRIVACY-RELATED DECISIONS

If you fill out this part of the form, you may strike any wording you do not want.

- (2.1) PRIVACY PREFERENCE DECISIONS: I direct that my vendors and service providers and others involved in the possession or processing of my personal information provide, withhold, or withdraw consent to use my personal information in accordance with my own personal privacy policy. (Add additional sheets if needed.)

PART 3
SIGNATURES AND WITNESSES

- (3.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

- (3.2) SIGNATURE: Sign and date the form here:

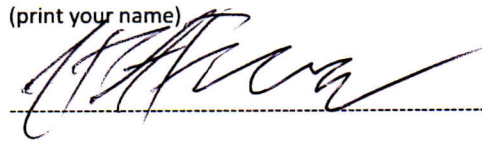
September 8, 2020

Craig Stanton Erickson

(date)

(print your name)

3129 School St.



(address)

(sign your name)

Oakland

CA

(city)

(state)

- (3.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California
(1) that the individual who signed or acknowledged this agent authorization consent directive is personally known to me, or that the individual's identity was proven to me by convincing evidence
(2) that the individual signed or acknowledged this consent directive in my presence,
(3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence.

First witness

Second witness

(print name)

(print name)

(address)

(address)

(city)

(state)

(city)

(state)

(signature of witness)

(signature of witness)

(date)

(date)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of

ALAMEDA

On

SEPTEMBER 8, 2020 before me, AMIT MUKHERJEE, NOTARY PUBLIC

(date)

(insert name and title of officer)

personally appeared

CRAIG STANTON ERICKSON

(a US Citizen residing in the State of California),

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature (SEA)

