Amazing Grass 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, or if you are an authorized agent yourself, a signed copy of this form must be submitted to us. If we are unable to verify the identity of the individual about whom information is being requested (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our <u>Privacy Policy</u>.

If sending by mail, please use the following address:

If sending by email, please use the following address:

privacy@amazinggrass.com

Grass Advantage LLC 3500 Lacey Rd., Suite 1200 Downers Grove, IL 60515

1. Requestor Information

Full Name	
Mailing Address	
Email Address	
Phone Number	

2. Authorized Agent Information

Full	Name	of	Authorized	Agent
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Email Address of Authorized Agent

Phone Number

Authorized Agent's California Secretary of State Registration Number¹ (if applicable)

3. Authorization

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I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- \Box Request to delete my personal information.
- □ Request to access my personal information.
- □ Request to modify my personal information.
- □ Request to object to the processing of my personal information.
- □ Request to restrict the processing of my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am the Requestor whose name appears above, and the information provided in this form is true and accurate.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to Grass Advantage LLC, on behalf of the Amazing Grass brand (hereinafter, "Amazing Grass") on my behalf.
- I authorize Amazing Grass 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.
- I agree to indemnify Amazing Grass for any and all claims that arise against Grass Advantage LLC d/b/a Amazing Grass in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor	Today's date (mm/dd/yyyy)

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.