



## **AUTHORIZED AGENT DESIGNATION**

You have the right to designate an authorized person or corporate entity<sup>1</sup> to exercise rights granted to them under the Privacy Policy. To make this designation, you may complete and submit this form to AdvisorPeak.

If AdvisorPeak cannot verify your identity submitting this form, we may request additional information from you. 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.

### **Consumer's Information**

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

State of Residence: \_\_\_\_\_

### **Authorized Agent's Information**

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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<sup>1</sup> If designating an entity to act on your behalf, AdvisorPeak requires that such entity be registered with the state where it's located. AdvisorPeak will not provide any information to unregistered agents.

**AUTHORIZED AGENT DESIGNATION**

**Consumer's Authorization**

***By signing below, I authorize the agent identified previously to make the following types of request on my behalf to AdvisorPeak:***

- Requests to know the personal information AdvisorPeak collects about me, including specific pieces of personal information collected
- Requests to delete personal information about me

Requests to opt-out of the sale of personal information will not receive a response back because AdvisorPeak does not sell personal information.

***Please deliver any information requested by my authorized agent  to me or  to my authorized agent.***

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

- I am the Requestor whose name appears previously and the information provided in this form is true and accurate.
- I understand that I may be contacted directly to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated previously to AdvisorPeak on my behalf.
- I authorize AdvisorPeak to process such request(s).
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify AdvisorPeak for any and all claims that arise against AdvisorPeak in relation to its reliance on this Authorized Agent Designation form.

Please complete, sign, notarize, and submit this form to [support@advisorpeak.com](mailto:support@advisorpeak.com)

Date: \_\_\_\_\_

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Consumer's Printed Name

**AUTHORIZED AGENT DESIGNATION**

**Notary Block**

State of \_\_\_\_\_ )

)ss.:

County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

(Seal)