



California Privacy Rights Act Request Form— Authorized Agent

The California Consumer Privacy Act of 2018 (“CCPA”), as amended by the California Privacy Rights Act of 2020 (“CPRA”), allows a California resident to make certain requests (“CPRA requests”) to a business regarding the personal information that the business maintains about the resident. You can use this form to grant another person or business (the “Authorized Agent”) the authority to submit a CPRA request on your behalf.

Helpful to Know

- **Complete this form and include it with your CPRA request.** Please visit the California Privacy Rights Request page at <https://communications.fidelity.com/consumer-privacy/california/> for instructions on how to submit a CPRA request.
- Communications regarding your CPRA request will be sent to you and will not be sent to the Authorized Agent.
- **Both your and your Authorized Agent’s signature MUST be notarized.** If the notary charges you a fee and specifies the amount of the fee in the areas for the notary signatures, we will reimburse you for the fee.

1. Your Information *Required*

Your residential address is where you live. It cannot be a PO Box or mail drop.

First Name	Middle Name	Last Name	
Residential Street Address			
City		State	ZIP Code
Primary Phone		Email	

2. Authorized Agent Information *Required*

- Check one.
- Authorized Agent is an individual.
 - Authorized Agent is a business.

If the Authorized Agent is a business, provide the business name and address.

First Name	Middle Name	Last Name	
Business Name			
Relationship to California Resident			
Authorized Agent Street Address			
City		State	ZIP Code

This is the legal address used for tax reporting. It cannot be a PO Box or mail drop.

Form continues on next page. ▶▶



3. Authorized Agent Signature and Date *A notarized signature is required.*

By signing below, you certify under penalties of perjury that:

- You consent to the appointment as an Authorized Agent for the California resident identified in Section 1 for the purpose of submitting CPRA requests on his or her behalf.
- The information provided herein is true, correct, and complete.

PRINT AUTHORIZED AGENT NAME	
AUTHORIZED AGENT SIGNATURE	TODAY'S DATE MM/DD/YYYY
SIGN X	X

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: 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.

Certificate of Acknowledgment of Notary Public *Must be a U.S. notary. Foreign notary or consular seals may NOT be substituted.*

State of California, County of _____, subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

PRINT NOTARY NAME	
NOTARY SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

▼ NOTARY SEAL / STAMP ▼

My commission expires on ____/____/____.

Amount of notary fee paid to me (if applicable) \$_____.

Form continues on next page. ►►



4. Signature and Date of California Resident *A notarized signature is required.*

By signing below, you certify under penalties of perjury that:

- You are designating the person or business identified in Section 2 to submit CPRA requests on your behalf.
- You are a resident of the state of California.
- The information provided herein is true, correct, and complete.

PRINT NAME	
SIGNATURE	TODAY'S DATE MM/DD/YYYY
SIGN X	X

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PRINT NOTARY NAME	
NOTARY SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

NOTARY SEAL / STAMP

My commission expires on ____/____/____.

Amount of notary fee paid to me (if applicable) \$_____.

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