

## AUTHORIZED AGENT NOTARY 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.

### A. To Be Completed By Data Subject:

On \_\_\_\_\_ (insert date) I, \_\_\_\_\_ (name of Data Subject/you), acknowledge that I have authorized \_\_\_\_\_ (name of authorized agent) to submit the following requests to Wiland, Inc., on my behalf (select one or more):

- Sale Opt-Out Request
- Deletion Request
- Access Request

I hereby certify that I am the person whose name is subscribed within this Authorized Agent Notary Acknowledgment Form as the Data Subject and that below are my current, accurate full name, primary postal address and, if provided below, primary email address (Note: all information below must match the information provided to Wiland through the Wiland Privacy Choices web page or toll free telephone number).

\_\_\_\_\_ (Full Name)

\_\_\_\_\_ (Address line 1)

\_\_\_\_\_ (Address line 2)

\_\_\_\_\_ (Email address - optional)

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**B. To Be Completed By Notary Public:**

On \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_ (name of Data Subject), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

Print Name \_\_\_\_\_

State of \_\_\_\_\_ [insert State]

County of \_\_\_\_\_ [insert County]

**C. To Be Completed By Authorized Agent:**

On \_\_\_\_\_ (insert date) I, \_\_\_\_\_ (name of authorized agent), acknowledge that I have been authorized by \_\_\_\_\_ (name of Data Subject) to submit the data request selected above on his/her behalf and certify that I am the person whose name is subscribed within this Authorized Agent Notary Acknowledgment

Form. If I am an authorized agent that is a company or other legal entity, I must also submit evidence with this form that the company or legal entity is registered with the secretary of state in the state where I reside.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**D. To Be Completed By Notary Public:**

On \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_ (name of authorized agent), 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 she/he/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 as the authorized agent of the Data Subject.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

Print Name \_\_\_\_\_

State of \_\_\_\_\_ [insert State]

County of \_\_\_\_\_ [insert County]