



FAMILY MEMBER IDENTITY CERTIFICATION

A. To Be Completed By Data Subject:

On _____ (insert date) I, _____ (name of Data Subject/you), acknowledge that I have authorized _____ (name of family member) who is my _____ (relation to you), to submit a data Access request to Wiland on my behalf and certify that I am the person whose name is subscribed within this Family Member Identity Certification Form. Below is 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 Family Member:

On _____ (insert date) I, _____ (name of family member), acknowledge that I have been authorized by _____ (name of Data Subject) to submit a data Access request on his/her behalf and certify that I am the person whose name is subscribed within this Family Member Identity Certification Form as the authorized family member 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.

Signature _____