



Authorized Family Member 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.

Part 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 data access requests to Alliant Cooperative Data Solutions, LLC on my behalf as indicated below (check al that apply):

- Request to Opt-Out Of Sale of My Data
- Request to Delete My Data
- Request to Access My Data

I further certify that I am the person whose name is subscribed within this Family Member Notary Acknowledgment Form as the Data Subject, and that below is my current, accurate full name, primary postal address and primary email address. Note: Information provide below will be used by Alliant to locate the Data Subject.

_____ (Full Name, please use legal name)
 _____ (Full Street Address)
 _____ (City, State, Zip)
 _____ (Email address for contact)

I certify under PENALTY OF PERJURY under the laws of the State of _____ [insert State] that the foregoing statements are true and correct.

Signature _____

Print Name _____

Part B: To Be Completed By Notary Public:

On _____ (date) 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 this 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]

Part C. To Be Completed By Authorized 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 Notary Acknowledgment 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 _____

Print Name _____

Valid Email Address _____ **(Required)**

Part D: To Be Completed By Notary Public:

On _____ (insert date) before me, _____ (name and title of officer), personally appeared _____(name of family member), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument 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.

WITNESS my hand and official seal.

Signature _____ (Seal)

Print Name _____

State of _____ [insert State]

County of _____ [insert County]

NOTICE:

All four parts of this form must be completed and fully legible. Notary shall affix seals in spaces indicated.

In order to complete the data access request contemplated herein his form must be sent by US Mail to:

**Alliant
Attention: Consumer Privacy Team
301 Fields Lane
Brewster, NY 10509-2621**

WHAT HAPPENS NEXT?

Alliant will use the information supplied to open a new instance on behalf of the Data Subject in our online privacy portal. Alliant will use the Authorized Family Member’s email address submitted above as the sole designated point of contact for requests related to the Data Subject herein. It is important to monitor this email for notifications related to any request. Please watch for these emails as they are time-sensitive.