



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.

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

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

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 is my current, accurate full name, primary postal address and primary email address.

Note: All information below must match the information provided to Alliant through the privacy portal or Alliant's toll free telephone number.

_____ (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 Agent:

On _____ (insert date) I, _____ (name of Authorized Agent), acknowledge that I have been authorized by _____ (name of Data Subject) to submit the Data Access 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 will also submit evidence with this form that the company or legal entity is registered with the secretary of state of 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 _____

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 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 her/his/their authorized capacity(ies), and that by her/his/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]

NOTICE: All four parts of this form must be completed and fully legible. Notary shall affix seals in spaces indicated. Authorized Agents should include power of attorney credentials as required by applicable state laws.

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 Agent’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.