

# Authorized Agent Designation Form

*Instructions:* If you are a resident of California and would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed and notarized copy of this form must be submitted to us at the appropriate address below. Please note, if BioTRUST Nutrition, LLC is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

500 Corporate Circle, Suite G  
Golden, CO 80401

If sending by email, please use the following address:

informationsecurity@biotrust.com

## 1. Requestor Information

<b>Full Name</b>
<b>Mailing Address</b>
<b>Email Address</b>
<b>Phone Number</b>

## 2. Authorized Agent Information

<b>Full Name of Authorized Agent</b>
<b>Email Address of Authorized Agent</b>
<b>Phone Number</b>
<b>Authorized Agent's California Secretary of State Registration Number<sup>1</sup> (if applicable)</b>

## 3. Authorization

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- Request to delete my personal information; and/or
- Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California resident.
- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to BioTRUST Nutrition, LLC on my behalf.
- I authorize BioTRUST Nutrition, LLC to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me at the address provided above.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify BioTRUST Nutrition, LLC for any and all claims that arise against BioTRUST Nutrition, LLC in relation to its reliance on this Authorized Agent Designation form.

<b>Signature of Requestor</b>	<b>Today's date (mm/dd/yyyy)</b>
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<sup>1</sup> Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.

