



CCPA Authorized Agent Affidavit

This form is to be completed by a California resident (defined by the CCPA as a consumer) in order to designate an authorized agent to make a request under the CCPA on the consumer's behalf regarding the personal information of the consumer collected by United Heritage Financial Group and United Heritage Life Insurance Company (collectively "United Heritage").

This form is not required if you are making a request regarding your own information, you are a parent or guardian of a minor child under the age of 13 and are making a request regarding the minor's information, or you have granted your authorized agent an appropriate power of attorney which you will provide us a copy of.

Please complete this form in its entirety as failure to do so may slow our response or prevent disclosure. If you have any questions or need assistance, please call us at 1-800-657-6351 ext. 4000 or email us at heritage@unitedheritage.com.

For paper forms, mail to: United Heritage, RE: CCPA Verifiable Consumer Request, PO Box 7777, Meridian, ID 83680

Affidavit of Consumer Regarding Authorized Agent

I, _____ (printed name of consumer), state as follows:

- I have elected to use an authorized agent to make requests on my behalf related to the California Consumer Privacy Act.
- I designate the following as my authorized agent to act on my behalf in order to make such requests:

(full name of an individual person or the name of an entity registered with the California Secretary of State)

- My authorized agent may make the following requests on my behalf (indicate all that apply):
 - Request to Know Categories of Personal Information
 - Request to Know Specific Pieces of Personal Information
 - Request to Delete Information
- I understand that any responses produced in connection with a Request to Know Specific Pieces of Information will not be sent to my authorized agent but will instead be sent directly to me at the address provided below.
- I understand that I may be contacted directly in order to verify my identity and confirm the designation of my authorized agent.
- I agree that the companies comprising United Heritage shall not be responsible for any liabilities resulting from any misrepresentations made on this affidavit.
- Below is current and correct personal information about me:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street Address/PO Box City, State, Zip

Email Address: _____

Telephone Number: _____

By signing this document, I hereby declare under penalty of perjury, pursuant to the laws of the United States of America and any applicable state laws, that the information provided in this affidavit is true and correct and that I am the person whose personal information is the subject of the request. I understand that falsifying any information could subject me to civil and criminal penalties.

Consumer's Signature _____

Consumer's Printed Name _____ Date _____