

Authorized Agent Request Under the California Consumer Privacy Act

To make a request under the California Consumer Privacy Act on behalf of someone else, please complete and return this form and all required documents to:

OneMain
P.O. Box 1170
Evansville, IN 47706-1170

We will not process your request until we receive this completed form and all required documents. We then will research your request and respond to you by the delivery method you select below.

You should expect a response from us within 45 days from the date we receive this completed form and all required documents. If we need additional time to respond, we will notify you of the extension and the reason for the extension.

Additional requests online or by telephone prior to fulfillment of your request will not result in a quicker response.

Required Documents

If you have a Power of Attorney, please provide all of the following with this completed form:

- Power of Attorney.
- If you are a person, clear copy of your valid driver's license or other valid government-issued photo ID.
- If you are an organization, documents showing the existence of the organization, such as certified articles of incorporation.
- If you are an organization, proof that you are authorized by the organization to make this request. We will accept a letter on the organization's letterhead, signed by an officer of the organization.

If you do not have a Power of Attorney, please provide all of the following with this completed form:

- Signed permission from the person you are acting on behalf of.
- Clear copy of that person's valid driver's license or other government-issued photo ID.
- If you are a person, clear copy of your valid driver's license or other valid government-issued photo ID.
- If you are an organization, documents showing the existence of the organization, such as certified articles of incorporation.
- If you are an organization, proof that you are authorized by the organization to make this request. We will accept a letter on the organization's letterhead, signed by an officer of the organization.

Information About You (the Authorized Agent)

Please provide this information about you (the authorized agent).

First Name	Middle Initial	Last Name
Organization Name (if applicable)		
Physical Address		Apt. Number (if applicable)
City	State	Zip Code

Information About the Person You Are Acting on Behalf Of

Please provide this information about the person you are acting on behalf of.

First Name	Middle Initial	Last Name
Current Mailing Address		Apt. Number (if applicable)
City	State	Zip Code
Date of Birth (mm/dd/yyyy)	Social Security Number (or Individual Taxpayer Identification Number)	

Request

Please select the request(s) you are making on behalf of the person:

☐ **Request to Know**

Request that we disclose the following information covering the 12 months preceding your request:

- (1) The categories of Personal Information that we collected about the person and the categories of sources from which we collected such Personal Information.
- (2) The business or commercial purpose for collecting Personal Information about the person.
- (3) The categories of Personal Information about the person that we disclosed to third parties for a business purpose and the categories of third parties to whom we disclosed such Personal Information (if applicable).
- (4) The specific pieces of Personal Information we collected about the person.

☐ **Request to Delete**

Request that we delete Personal Information that we collected from the person.

How Do You Want Us to Respond to You?

Choose only one option below.

- ☐ By Mail – To the authorized agent's address on page 1.
- ☐ By Mail – To the address above on this page.
- ☐ By Email – If you want us to respond by email, please provide the email address.

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By signing below, I certify that I am the authorized agent named on page 1 and that to the best of my knowledge the information provided in this form is accurate.

Signature: _____

Date: _____