

California Consumer Privacy Act

Agent authorization form

Use this form to authorize an agent to submit and receive a California Consumer Privacy Act rights request on your behalf. If you're submitting a request for yourself, don't use this form. Instead, visit our Privacy Center for the correct form.

Print in capital letters and use black ink.

1. Request Type

- Right to Know Specific Pieces of Personal Information
- Right to Know Categories of Personal Information
- Right to Delete
- Right to Correct

2. Represented Consumer Information

Name <i>first, middle initial, last</i>	
Street Address	
City, State, Zip	
Phone <i>area code, number, extension</i>	Email Address

3. Relationship Type *Select one.*

Please select the relationship type that describes the represented consumer's interaction with us.

If the represented consumer participates in an employer-sponsored plan [e.g., 401(k), 403(b)] administered by us, they should submit their request(s) directly to their Plan Sponsor. We are a service provider to the Plan Sponsor and cannot accept requests directly from Plan Participants.

- Financial Advisor – The represented consumer is an independent financial advisor and recommends Vanguard products to the clients they advise.
- Vanguard Worker – The represented consumer is a current or former Vanguard employee, independent contractor, or job applicant.
- Plan Sponsor – The represented consumer administers an employer-sponsored retirement plan.
- Institutional Investor – The represented consumer administers an institutional account with Vanguard.
- Supplier – The represented consumer is an employee of a company that provides a product/service to Vanguard.
- Other – The relationship with Vanguard is not listed above. (We will contact you for additional information to help us respond to the request.)

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4. Authorized Agent Information

Name of Authorized Agent <i>first, middle initial, last</i>
Street Address
City, State, Zip
Authorized Agent California Secretary of State Registration Number/ID

5. Consumer Authorization

With this form, I authorize _____ as my agent for the sole purpose of submitting a verifiable consumer request (as defined by Cal. Civil Code § 1798.140(y)) on my behalf under the California Consumer Privacy Act. This agent is permitted to request on my behalf that Vanguard disclose, delete or correct my personal information, as indicated on the previous page.*

The represented consumer must sign below, but only in the presence of a notary public.

Signature of the represented consumer X	Today's date <i>mm dd yyyy</i>
Print name	

Notarization

The notary seal must be dated within 30 days of receipt of this document by Vanguard.

On	Date <i>mm dd yyyy</i>	Name
	County or State	

of _____ appeared before me, proved to be the individual named in section 2, and acknowledged that this authorization is their wish.

Signature of notary public	Notary Seal (if state requires a seal)
Commission expiration date <i>mm dd yyyy</i>	

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Should you be required to pay for notarization, Vanguard will reimburse you. If applicable, check here and enter the amount \$_____.

Mailing information

Make a copy of this completed form for your records.

If you don't have a postage paid envelope, mail to:	Vanguard P.O. Box 982901 El Paso, TX 79998-2901
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For overnight delivery, mail to:	Vanguard 100 Vanguard Boulevard Malvern, PA 19355
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