

Slimfast USA Authorized Agent Designation Form

Instructions:

If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, a signed and notarized copy of this form must be submitted to us. If Slimfast USA is unable to verify the identity of the individual about whom information is being requested this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see the [Slimfast USA Privacy Policy](#).

If sending by mail, please use the following address:

Attn: Privacy
SlimFast Care of Customer Care
11780 US Highway 1 400 N Palm Beach Gardens, FL
33408

If sending by email, please use the following address:

customercare@slimfast.com (subject line: Privacy Request)

1. Requestor Information

Full Name
Mailing Address
Email Address
Phone Number

2. Authorized Agent Information

Full Name of Authorized Agent
Email Address of Authorized Agent
Phone Number
Authorized Agent's California Secretary of State Registration Number¹ (if applicable)

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;
- Request to access my personal information.
- Request to opt-out of profiling for the purposes of automated decision making; and/or
- Request to opt-out of non-anticipated uses of sensitive personal information.

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

- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- 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 Slimfast USA on my behalf.
- I authorize Slimfast USA 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 Slimfast USA for any and all claims that arise against Slimfast USA in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor: _____ **Date (mm/dd/yyyy):** _____

¹ If you are a California resident and are designating an entity to act on your behalf California law requires that such entity is registered with the Secretary of State.