

CCPA Consumer Request Form

The California Consumer Privacy Act of 2018 (“CCPA”) provides California residents with specific rights regarding their personal information. As a California resident, you may exercise these rights by completing the below form. Note that we may ask for additional information or documents to verify your identity prior to processing your request. Please visit our [Privacy Policy](#) and [California Privacy Notice](#) to learn more about how we collect, handle, use, and protect your personal information.

We reserve the right to refuse requests for various reasons, including: (a) to the extent permitted by law; (b) if we are unable to verify your identity; or (c) if we cannot verify your authority to act on behalf of another person.

Please submit your request through the form below and submitting to us at compliance@publictrustadvisors.com with the subject “CCPA Consumer Request”.

Your Name:

Your Email:

Your City and State of Residence:

Please Select Who the Request Is Being Made For:

Myself

On behalf of a California resident, I am their Authorized Agent

If you are completing this form as an Authorized Agent, please complete and send us a *California Authorized Agent Designation Form*.

If you are submitting this form as an Authorized Agent, please complete the following information:

Consumer Name:

Consumer Email:

Consumer City and State of Residence:

Please specify your request. For more information on the below, please visit our [California Privacy Notice](#):

Access Request

Data Portability Request

Deletion Request

By checking “I Accept” below, you acknowledge and certify that the information you have entered into this form is complete and accurate to the best of your knowledge, and that you are either (a) a California resident making this request on behalf of yourself; or (b) an Authorized Agent making this request on behalf of a California resident, as indicated above. You understand that it may be necessary for Public Trust Advisors to further verify the identity of the California resident and/or the Authorized Agent and you agree to comply with any such requests.

I Accept

[Submit]

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California Authorized Agent Designation Form

The CCPA allows you to designate an Authorized Agent to act on your behalf, including to submit requests. Please fill out the below form and send it to compliance@publictrustadvisors.com:

Consumer Information

Name:

Email:

Address:

Phone:

City/State of Residence:

Authorized Agent Information

Name:

Email:

Address:

Phone:

Deliver Information Requested by Agent:

to me, the Consumer

to my Authorized Agent

Allow My Authorized Agent to Make (select all that apply):

Access Requests

Deletion Requests

Portability Requests

Consumer Authorization

By signing below, you give your full authorization for the above-mentioned individual to be your Authorized Agent, as permitted under the CCPA.

_____ Printed Name

_____ Signature

_____ Date