

**Together Credit Union – CCPA/CPRA Limited Power of Attorney Form - Instructions**

The California Consumer Privacy Act of 2018 (“CCPA”) as amended by the California Privacy Rights Act of 2020 (“CPRA”) gives California residents the right to request that Together Credit Union take certain actions concerning information collected about them, including:

- Disclose to you the categories of Personal Information collected about you, the categories of sources from which we collected such information, the business or commercial purposes for collecting or sharing your Personal Information, the categories of Personal Information about you that we shared to third parties or persons; the categories of Personal Information about you that we disclosed to third parties or persons for a business purpose; the categories of third parties or persons to whom we disclosed for a business purpose, or with whom we shared such Personal Information, and the specific pieces of Personal Information we collected about you (“Request to Know”);
- Delete Personal Information that we collected from you (subject to applicable exceptions) (“Request to Delete”);
- Correct inaccurate Personal Information that we have maintained about you (“Request to Correct”); or
- Opt-out and opt-in to sharing of personal information for cross-context behavioral advertising (“Request to Opt-out of Sharing/Opt-in to Sharing”).

The CCPA and CPRA also permit California residents to appoint someone to make any of these requests on their behalf. To do so, your Authorized Agent must submit to us the attached “Authorized Agent Form” with your request to show that you authorized the requesting person or entity to act on your behalf. You need not submit this form if you already filed a general power of attorney form with us naming your intended authorized agent as your attorney-in-fact.

We will send any response to your Authorized Agent’s request either: (a) if you have an online account with us, then we will send any response through the online account or (b) if you do not have an online account with us, then we will send any response in the method you designate below (either by mail to a designated physical address or electronically to a designated email address). **Please note that by signing this form you are directing us to share your Personal Information with your Authorized Agent.**

**Please return the completed form within 5 days of submitting your request by either:**

1. Mailing to “Together Credit Union, Attention: Compliance Department, 423 Lynch Street, Saint Louis, Missouri 63118”;
2. Submitting a copy in person at a Together Credit Union branch office located in California

These documents will be used only to verify authority for making requests and will not be retained outside of the requirements under the CCPA and the CPRA. Because we take the privacy of your Personal Information seriously, we may require additional confirmation, as permitted under the CCPA and CPRA, of your intent to appoint the below Authorized Agent and to confirm your own identity. We will contact you if additional confirmation is needed.

**Although not required, acknowledgement of the attached form will be provided free of charge at any Together Credit Union branch offices that offer notary services.**

**Together Credit Union CCPA/CPRA Limited Power of Attorney Form**

**LIMITED POWER OF ATTORNEY**

**To be completed by the Principal/California Resident**

Please read this form carefully and ensure you understand what you are authorizing your agent to do and what limitations you are placing on your agent.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Principal/California Resident's Name) (Principal/California Resident's Address)  
appoint

\_\_\_\_\_ as my authorized agent  
(Name and Address of Authorized Agent to be Appointed)

(attorney-in-fact/"Authorized Agent") to act for me in the manner described below:

The California Consumer Privacy Act of 2018 ("CCPA") as amended by the California Privacy Rights Act of 2020 ("CPRA") grants California residents rights to request access to data concerning Personal Information (as defined in the CCPA and CPRA), to obtain copies of Personal Information, to request deletion of Personal Information, to request correction of inaccurate Personal Information and to opt-out of, or opt-in to, sharing. By this Limited Power of Attorney, I authorize my agent named above to submit to Together Credit Union a request for the following:

**(Initial as applicable)**

\_\_\_\_\_ To access and have disclosed to me my Personal Information, including details concerning the sources from which such information was collected, the purposes for collection, categories of Personal Information disclosed to and/or shared with third parties or persons, and categories of third parties or persons to which Personal Information was disclosed and /or shared.

\_\_\_\_\_ To delete my Personal Information.

\_\_\_\_\_ To correct inaccurate Personal Information maintained about me.

\_\_\_\_\_ To cease sharing Personal Information collected about me.

\_\_\_\_\_ To opt-in to sharing Personal Information collected about me.

And, as part of this authorization, further affirm the following statements:

- a) I am a California resident over the age of thirteen (13) authorized to make the request described above on my own behalf.
- b) I agree that Together Credit Union may act under this Power of Attorney to accept a request from my Authorized Agent.
- c) My Authorized Agent is a natural person or a person registered with the Secretary of State of California.
- d) The authority granted to my Authorized Agent by this Limited Power of Attorney is not transferable or delegable to any other party or entity.
- e) I agree to indemnify Together Credit Union for any and all claims that arise against Together Credit Union in relation to its reliance upon this Limited Power of Attorney.
- f) I may revoke this authorization at any time by giving notice to Together Credit Union by mail to "Together Credit Union, Attention: Compliance Department, 423 Lynch Street, Saint Louis, Missouri 63118", by calling our toll-free number at 1-800-320-0462, or by going in person to any branch.
- g) The authority granted by this Limited Power of Attorney will terminate 90 days after the date of execution noted below. Any earlier revocation of this Limited Power of Attorney will be ineffective as against Together Credit Union unless and until Together Credit Union is given notice providing actual knowledge of revocation via one of the methods outlined above in the instructions to this form (if the snail mail option is used, actual knowledge via notice occurs upon receipt of the document by the compliance office).

- h) I have not paid or promised to pay any compensation to my Authorized Agent or any third party in connection with the requests made pursuant to this Limited Power of Attorney.
- i) Neither my Authorized Agent nor any third party has compensated me or promised to compensate me in any way for executing this Limited Power of Attorney.

I further attest that I (select one):

\_\_\_\_\_ DO have an online account with Together Credit Union and understand that any Response by Together Credit Union to my Authorized Agent’s request will occur through such account.

\_\_\_\_\_ DO NOT have an online account with Together Credit Union and authorize Together Credit Union to respond to any request made on my behalf in the manner stated below in my “Designated Method of Response.”

By signing below, I declare under penalty of perjury under the laws of the United States of America and the State of California that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, at

\_\_\_\_\_

(city, county, state)

\_\_\_\_\_

(Signature of Principal/California Resident)

**Designated Method of Response** (Complete only if you do not have an online account with us)

I further hereby authorize Together Credit Union to respond to any request made on my behalf by my Authorized Agent named herein in the following manner (initial beside your selection):

\_\_\_\_\_ By physical mail to the following address:

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

\_\_\_\_\_ By electronic mail to the following e-mail address: \_\_\_\_\_

**ACKNOWLEDGMENT**  
**(Only use for In Person Authorizations)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California and the United States of America that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_ (Seal)

**Acceptance of Appointment**  
**To be completed by the Authorized Agent**

The Authorized Agent must complete the form below to allow Together Credit Union to verify their identity and maintain security surrounding the handling of Personal Information. By signing below, the Authorized Agent declares under penalty of perjury under the laws of the United States of America and the State of California that the foregoing is true and correct and that:

- a) I am authorized to make requests on behalf of the Principal/California Resident under the CCPA and CPRA;
- b) That the Authorized Agent accepts the appointment described above;
- c) That the Authorized Agent has not compensated the Principal/California Resident, nor been compensated by the Principal/California Resident, in exchange for the Authorized Agent being authorized to make requests on the Principal/California Resident's behalf;
- d) That the Authorized Agent shall implement and maintain reasonable security procedures and practices to protect any Personal Information received concerning the Principal/California Resident;
- e) That the Authorized Agent shall not use any Personal Information received concerning the Principal/California Resident for any purpose other than to fulfill the Principal/California Resident's requests, verification, or fraud prevention; and
- f) I am over sixteen (16) years of age.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

At \_\_\_\_\_  
(city, county, and state of signing)

\_\_\_\_\_  
(Signature of Authorized Agent)

\_\_\_\_\_  
(Print)

**ACKNOWLEDGMENT**  
**(Only use if In Person Authorization)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California and the United States of America that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_ (Seal)