Authorized Agent Designation Form

Instructions: If you would like to designate an authorized agent to submit a request on your behalf, or if you are an authorized agent yourself, a signed and notarized[1] copy of this form must be submitted to us along with your request.

Please note, if we are unable to verify the identity of the individual about whom information is being requested (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our Privacy Policy here: https://privacy.scjbrands.com/ .

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

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 access my personal information.
- ☐ Request to delete my personal information.
- ☐ Request to correct my 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 S.C. Johnson on my behalf.
- I authorize S.C. Johnson 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 S.C. Johnson for any and all claims that arise against S.C. Johnson in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor	**Today's date** (*mm/dd/yyyy*)

4. Notary Information

If you are a resident of the United States, please complete the following notarization:

State of _____ **County of** _____

I, _____, do hereby confirm that on this _____ day of _____, 20_____, the person named as the Requestor in Section 1 above appeared before me, and has acknowledged to me that this authorization is his/her wish.

Signature of notary public	**Notary seal** (*if state requires a seal*)
Commission expiration date (*mm/dd/yyyy*)	* The notary seal must be dated within 30 days of receipt of this document by S.C. Johnson.

[1] Notarization is only required if this request is being submitted by a U.S. resident.