

**EquiTrust Life Insurance Company**  
**CCPA Authorized Agent Designation Form for California**  
**Employees and Job Applicants**

California residents have the right to designate an authorized person or corporate entity to exercise rights granted to them under the California Consumer Privacy Act (the “CCPA”). To make this designation, California residents who are employees and/or job applicants may complete and submit this form to EquiTrust Life Insurance Company’s Human Resources Department. To the extent we are unable to verify the identity of the person submitting this form, we may request additional information from the person making the submission. Authorized agents that have been provided a valid power of attorney from a requestor may submit requests directly.

1. Full Name of Consumer: \_\_\_\_\_
  - a. Date of Birth: \_\_\_\_\_
  - b. Current Address: \_\_\_\_\_
  - c. Telephone Number: \_\_\_\_\_
  - d. Email Address: \_\_\_\_\_
  
2. Name of Authorized Agent:<sup>1</sup> \_\_\_\_\_
  - a. Email Address: \_\_\_\_\_
  - b. Telephone Number: \_\_\_\_\_
  
3. Should any information requested by the authorized agent be delivered to the agent or you? Please provide delivery instructions below.
  
  
  
  
  
  
  
  
  
  
4. The authorized agent may make the following requests on my behalf:  
 Request to opt out of the sale of personal information;  
 Request to delete personal information that EquiTrust Life Insurance Company has collected

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<sup>1</sup> If designating an entity to act on your behalf, the CCPA requires that such entity is registered with the Secretary of State. EquiTrust Life Insurance Company will not provide any information to unregistered agents.

Request to know categories of personal information that EquiTrust Life Insurance Company has collected, used, or disclosed

Request to obtain specific pieces of personal information that EquiTrust Life Insurance Company has collected

**I, \_\_\_\_\_, hereby give my authorization for the agent identified above to make the aforementioned requests on my behalf.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please carefully read and fill out this form and send to [HRCompliance@EquiTrust.com](mailto:HRCompliance@EquiTrust.com).*