



## Limited CCPA Power of Attorney Form

The California Consumer Privacy Act of 2018 (CCPA) provides California residents with the right to ask Altra Federal Credit Union about Personal Information that we collect and use. California residents also have the right to ask Altra Federal Credit Union to delete the Personal Information that we collect from them, subject to applicable exceptions.

The CCPA also allows California residents to appoint someone to make a request on their behalf. To protect your privacy, we require that you submit to us the attached CCPA Authorized Agent Form to demonstrate that you have authorized the person or entity named in the form to make the request for you. This form does not need to be completed if you already have a valid general Power of Attorney on file with Altra that appoints the Authorized Agent as your Attorney-in-Fact.

Please note that Altra will send any response(s) to the Request to the address or email address provided for the Authorized Agent in this form. By signing this form, you are directing us to share your Personal Information with your Authorized Agent.

Please return the completed form by mailing to **Altra Federal Credit Union, 1700 Oak Forest Dr., Onalaska, WI 54650-9905. This form must be received within 14 days of the request, or the request may be denied.**

**IMPORTANT:** This form is only used for supplementing existing requests made via Altra Federal Credit Union's Online Portal, via toll-free telephone number, or in-person at a branch.

Please provide the CCPA Reference Number here: \_\_\_\_\_

### LIMITED POWER OF ATTORNEY

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

Your privacy is important to us. Read the form carefully and make sure you understand what you are authorizing your agent to do and the limitations on your agent. In particular, you should be aware that the CCPA allows you to obtain your Personal Information for free.

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

\_\_\_\_\_ as my agent (Attorney-in-Fact)  
(Name and Address of Person or Company Appointed)

to act for me in any lawful way with respect to the matter described below:

The California Consumer Privacy Act ("CCPA") grants to California residents certain rights to request access to Personal Information (as defined in the CCPA), to obtain copies of the Personal Information, and to request the deletion of the Personal Information. By this Power of Attorney, I authorize my agent named above to submit a request to Altra Federal Credit Union for access to my Personal Information and/or deletion of my Personal Information.

#### (initial as applicable)

\_\_\_\_\_ **Access to my Personal Information**

\_\_\_\_\_ **Deletion of my Personal Information**

An in furtherance thereof make the following statements.

- I am a California resident authorized to make the request described above on my own behalf.
- I agree that Altra Federal Credit Union may act under this Power of Attorney to accept a request from my agent.
- My agent is a natural person or a person registered with the Secretary of State of California.
- The authority granted to my agent by this Power of Attorney is not transferable or delegable to any other party or entity.
- I agree to indemnify Altra Federal Credit Union for any and all claims that arise against Altra Federal Credit Union in relations to its reliance on this Power of Attorney.

- The authority granted by this Power of Attorney will terminate 90 days after the date of execution. Any earlier revocation of this Power of Attorney is not effective as to Altra Federal Credit Union until Navy Federal Credit Union has actual knowledge of the revocation.
- I have not and will not pay compensation to my agent or any other third party in connection with the request for access to or deletion of my Personal Information made pursuant to this Power of Attorney.
- Neither my agent nor any other third party has compensated me in any way for executing this Power of Attorney.

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

\_\_\_\_\_  
 (Signature of Principal/California Resident)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

**ACKNOWLEDGMENT**

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 California**

**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 that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

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