CCPA Consumer Request Form Personal Information Access and/or Deletion

Section 1. Request Type *	
Access Request: □	
Deletion Request: □	
* Please select only one request type. I	f you would like to select a second request type, please submi
a separate request form.	
Section 2. Consumer Name and Info	rmation
First Name:	
Last Name:	
Alias or other name we may know cons	sumer by:
Service Address:	
Ambit Account Number:	
Telephone Number:	
Email Address: *	
*Our response to your request will be	provided in electronic format via an encrypted email to the
e-mail address provided above.	· • • • • • • • • • • • • • • • • • • •
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Section 3. Consumer's Other Service	e Addresses (If Applicable) *
Service Address:	Ambit Account Number:
1.	
2.	
3	
This additional information helps us fulfi	ill your request but is not required.
•	
Section 4. Authorized Agent Information	ation (If Applicable) *
First Name:	
Last Name:	
Telephone Number:	
Email Address:	
Mailing Address:	
Proof of legal authority is required. See S	Section 5 below.
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Section 5. Proof of Authorized Agent's Legal Authority

Consumer's authorized agent must provide us with_proof that the consumer has given the agent signed permission to submit a request on their behalf. Include with this completed form one of the following:

- a copy of a power of attorney duly dated, signed by the consumer and acknowledged before a notary public in accordance with the California Probate Code (CA Prob. Code §4121(a), (b)(1) and (c)(1)) granting you authority to submit this request on behalf of the consumer named in Section 3and receive our response on behalf of the consumer; OR
- a notarized sworn statement declaring under the penalty of perjury that you are authorized by the consumer named in Section 3 above to make this request and receive our response.

Please submit such proof with your completed form to privacy@avistracorp.com.

If you do not submit one of the above acceptable forms of proof of your legal authority to act on behalf of the consumer named in Section 2 above, and if Ambit does not have a record of the consumer's explicit consent authorizing you to make this request, Ambit may require the named consumer (i) to provide written consent authorizing you to make this request and receive our response and (ii) to verify their own identity with Ambit, directly. We may ask for further proof to verify the consumer's identity if we determine it is necessary for potential fraud prevention.

Section 6. Requestor Acknowledgments and Signature

By signing below, under the penalty of perjury:

- 1. I confirm that the statements made on this form are true and correct to the best of my knowledge;
- 2. I confirm that I am legally authorized, on behalf of the consumer named in Section 2, to submit this request and receive Ambit's response;
- 3. I understand that Ambit must confirm my identity and my legal authority to act on the consumer's behalf and may request additional verifying information; and
- 4. I confirm that, to the best of my knowledge, the consumer named in Section 2 is an individual who (i) is in the State of California for other than a temporary or transitory purpose, or (ii) is domiciled in the State of California and who is outside the State of California for a temporary or transitory purpose.

I understand that:

- Ambit must verify my identity and my legal authority to submit this request and receive Ambit's response on behalf of the consumer named in Section 2.
- Ambit may need additional information to verify my request.
- If Ambit is unable to verify my identity or legal authority, my request will be declined.

Signature	
Date	
Section 2.	want to [delete/access] the personal information of the consumer named in
Please submit Email:	your completed Request Form for processing via Email or U.S. Mail: privacy@vistracorp.com
U.S. Mail:	Attn: Compliance Department, 6555 Sierra Drive, Irving, TX 75039

For questions or issues with submission of this CCPA Consumer Request Form, please contact us at privacy@vistracorp.com or (844) 359-1877, Monday - Friday, 8:00 a.m. - 5:00 p.m. CT.