

California Privacy Rights Act Request Form

The California Consumer Privacy Act of 2018, as amended by the California Privacy Rights Act of 2020 (collectively, the "CCPA"), has certain guidelines businesses must follow and allows a California resident to have more control of how their personal information is used. This includes making certain privacy requests ("CCPA requests"). **However, the CCPA doesn't apply to all businesses. Personal information used by financial services firms may be covered under certain exemptions described in the CCPA.**

Before making a CCPA request, please note:

- You may have to verify yourself by confirming (a) that you are a California resident and (b) your identity or the identities of those authorized to submit requests on your behalf.
- F-Prime is not obligated to, and will not, honor your request if it is subject to one or more exemptions. In such case, you will be notified of the applicable exemption.
- You should generally expect to receive a response within 45 days of the date we receive your request. However, in some instances, we may require an additional 45 days to process your request, in which case we will notify you and explain why the extension is necessary.
- Legally, you are limited to two (2) requests during any 12-month period.

Your Business Relationship(s) with F-Prime

Vendor contact

Consultant

Former, current, or prospective portfolio company contact

Other, describe: _____

Request Type(s)

Request to Know – Request that we provide the categories of personal information ("PI"): 1) collected about you, and 2) disclosed about you for business purposes.

Request to Access – Request that we provide: 1) the categories of PI; 2) the categories of sources from which the PI was collected; 3) the business or commercial purpose for collecting, or sharing the PI; 4) the categories of third parties to whom your PI was disclosed for a business purpose; and 5) the specific pieces of PI collected about you.

Request to Delete – Request that we delete your personal information from our records.

Request to Correct – Request that we correct inaccurate personal information that you believe we maintain about you.

Your Information

First Name	Middle Name	Last Name		
_____	_____	_____		
Street Address	City	State	Zip	
_____	_____	CA	_____	_____
Email Address	Phone Number			
_____	_____			

Information Related to the Company You Represent or Previously Represented

Business Name	_____			
Business Street Address	City	State	Zip	
_____	_____	_____	_____	_____
Your Business Email Address	Your Business Phone Number			
_____	_____			

Acknowledgement

By submitting this request, you certify that:

- You are a resident of the state of California.
- The information provided herein is true, correct, and complete.

Signature	Date
_____	_____

Authorized Agent Designation (Optional)

The CCPA allows a California resident to make certain CCPA requests to a business regarding the personal information that the business maintains about the resident. You can use this section to grant another person or business (the "Authorized Agent") the authority to submit a CCPA request on your behalf.

Helpful to Know

- Communications regarding your CCPA request will be sent to you and will not be sent to the Authorized Agent.
- Both your and your Authorized Agent's signature **MUST** be notarized. If the notary charges you a fee and specifies the amount of the fee in the areas for the notary signatures, we will reimburse you for the fee.

Authorized Agent Information

Individual

Business

First Name

Middle Name

Last Name

Business Name (if applicable)

Relationship to California Resident

Authorized Agent Street Address

City

State Zip

CA

Authorized Agent Signature and Date (A notarized signature is required.)

By signing below, you certify under penalties of perjury that:

- You consent to the appointment as an Authorized Agent for the California resident identified on page 1 for the purpose of submitting CPRA requests on their behalf.
- The information provided herein is true, correct, and complete.

Authorized Agent Signature

Date

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: 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.

Certificate of Acknowledgment of Notary Public *Must be a U.S. notary. Foreign notary or consular seals may NOT be substituted.*

State of California, County of _____, subscribed and sworn to (or affirmed) before me on this

_____ day of _____, 20____, by _____

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Seal/Stamp

Notary Signature

Date

Notary Name (Printed)

My commission expires on

Amount of notary fee paid to me (if applicable) \$ _____

California Resident Signature and Date (A notarized signature is required.)

By signing below, you certify under penalties of perjury that:

- You are designating the person or business identified above to submit CCPA requests on your behalf.
- You are a resident of the state of California.
- The information provided herein is true, correct, and complete.

Signature _____

Date _____

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Notary Seal/Stamp

Notary Signature _____

Date _____

Notary Name (Printed) _____

My commission expires on _____

Amount of notary fee paid to me (if applicable) \$ _____