



California Data Subject Access Form Request

Requestor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you the consumer?

- Yes, I am making a request related to personal information about me
- No, I am acting as an authorized agent for the consumer, and have attached a California Authorized Agent Designation form completed and signed by the consumer. [Click here](#) to download the CCPA form.

Consumer Information (if different from requestor):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Request Option:

- Request Arete to disclose what personal information is collected
- Request Arete to delete my personal information
- Request Arete to correct inaccurate personal information about me
- Request Arete to limit the use of my sensitive personal information
- Request to opt-out of sale or sharing of my personal information
- Request portability of my personal information

Declaration:

BY SIGNING BELOW, I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ENTERED INTO THIS FORM IS COMPLETE, ACCURATE AND UP-TO-DATE, AND THAT I AM THE CONSUMER WHO IS THE SUBJECT OF THE REQUEST OR HAVE BEEN DULY AUTHORIZED BY THAT CONSUMER TO ACT ON HIS/HER BEHALF, AS INDICATED ABOVE. I UNDERSTAND THAT IT MAY BE NECESSARY FOR ARETE TO VERIFY THE IDENTITY OF THE CONSUMER AND/OR AUTHORIZED AGENT FOR THIS REQUEST, AND ADDITIONAL INFORMATION MAY BE REQUESTED FOR THIS PURPOSE.

Signature: _____ Name: _____ Date: _____

Please return this form to Arete via email to privacy@areteir.com or via mail to Arete Advisors, LLC, ATTN: Privacy Office, 4800 T-Rex Ave., Ste, 350, Boca Raton, FL 33431