

California Data Subject Access Form Request



Requestor Information

Name _____

Address _____

City _____ State _____ Zip code _____ Phone _____

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

Consumer Information (if different from requestor)

Name _____

Address _____

City _____ State _____ Zip code _____ Phone _____

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 _____ Date _____

Print Name _____

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