

Consumer Declaration to Authorize Agent

Instructions: Please complete this declaration if you wish to authorize the agent identified below to submit a California Consumer Privacy Act ("CCPA") request on your behalf to one of the Porsche entities accepting such requests via this portal ("Porsche"). Porsche will not provide information or records to your agent unless you first authorize your agent in writing to submit a request on your behalf, verify your identity with Porsche, and directly confirm with Porsche that you provided the agent written permission to submit the request. The purpose of this form is to demonstrate that you have provided such written permission to the agent identified below. Upon completion please upload it to our request portal. If you are unable to do this, please send this form to Porsche by mail or email at the address below and retain a copy for your records. We will notify you if we require additional information to verify your identity or to confirm your grant of authorization to your designated agent.

For additional information please visit our portal: <https://www.porsche.com/usa/privacy-policy/contact/>

To: Attn: Privacy/Legal Department
One Porsche Drive
Atlanta, GA 30354
privacy@porsche.us

1. Name: _____
Mailing Address: _____
Email: _____
Phone: _____
2. I _____ do hereby declare and certify that am a resident of the State of California and reside at the address listed above and that I authorize the agent listed below to submit the following request(s) to Porsche:

☐ Request to access the specific pieces of personal information collected
☐ Request deletion of the personal information collected
☐ Opt-out from the sale of personal information
☐ Request information about the categories of personal information collected
☐ Request information about the categories of personal information sold or disclosed for a business purpose
3. I authorize _____ (Agent's First and Last Name) to submit the request(s) listed above to PCNA on my behalf.

Agent's Mailing Address:
Agent's Email Address:
Agent's Phone:

I represent that I am the person whose personal information is the subject of this request and that the foregoing is true and correct. This authorization will remain in effect for sixty (60) days after the date below.

(Signature)

Date: