

California Consumer Privacy Act Agent Authorization Form

Use this form to authorize an agent to submit and receive a California Consumer Privacy Act rights request on your behalf. If you are submitting a request for yourself, do not use this form. Visit our Privacy Center for the correct form.

1. Request type Access Delete Access and Delete

2. Represented consumer information

Name _____
Address _____
Phone _____
Email address _____

3. Relationship type
Check all that apply

Personal Investor Institutional client Lazard employee
 Financial advisor Prospective client Former Lazard employee
 Contractor Job applicant Other: _____

4. Authorized agent information

Name of authorized agent _____
Street address _____
Authorized Agent California Secretary of State
Registration No./ID *if available* _____

5. Consumer authorization

With this form, I authorize _____ as my agent for the sole purpose of submitting a verifiable consumer request (as defined by Cal. Civil Code § 1798.140(y)) on my behalf under the California Consumer Privacy Act. This agent is permitted to request on my behalf that Lazard disclose my personal information and/or delete my personal information, as indicated above.

The represented consumer must sign below, but only in the presence of a notary public.

_____	_____
<i>Signature of represented consumer</i>	<i>Date</i>

Print Name _____

NOTARIZATION

State of: _____ County of: _____

On ____ day of _____, 20____, _____ has appeared before me, has proven to be the individual named in Section 2, and has acknowledged that this authorization is her or her wish.

Notary Public Signature

(SEAL)

Name of Notary Public: _____
Commission Expiration Date: _____