

Authorized Agent Designation Form

Instructions: If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below. Please note, if Benefit Cosmetics is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

Send to: Legal Department
595 Market St., 30th Floor, San Francisco, California 94105

If sending by email, please use the following address:

privacy@benefitcosmetics.com

1. Requestor Information

Full Name
Mailing Address
Email Address
Phone Number

2. Authorized Agent Information

Full Name of Authorized Agent
Email Address of Authorized Agent
Phone Number
Authorized Agent's California Secretary of State Registration Number¹ (if applicable)

3. Authorization

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- Request to delete my personal information;
- Request to access my personal information.
- Request to modify my personal information;
- Request to object to the processing of my personal information; and/or
- Request to restrict the processing of my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am the Requestor whose name appears above, and the information provided in this form is true and accurate.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to Benefit Cosmetics on my behalf.
- I authorize Benefit Cosmetics to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me at the address provided above.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify Benefit Cosmetics for any and all claims that arise against Benefit Cosmetics in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor	Today's date (mm/dd/yyyy)
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¹ Please note, if you are a California resident designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.