

# Instructions for Authorized Agent Requests under the California Consumer Privacy Act (CCPA)

## These instructions are for:

- An Authorized Agent of a California resident who would like to make an access or deletion request under the CCPA on their behalf; or
- A California resident who would like to appoint an Authorized Agent to make an access or deletion request under the CCPA on their behalf.

### Authorized Agent of a California Resident

- Use the form titled "California Consumer Privacy Act (CCPA) Authorized Agent Request Form" on pages 2-4 of this document if you hold a valid Power of Attorney for a CA resident.
- Follow the instructions in the form for completion and mailing.
- If the Power of Attorney is not already on file with T. Rowe Price, you may send us the original Power of Attorney along with the completed form and we will return the original Power of Attorney to you by mail after we have examined it. Or, you may provide us with a copy of the Power of Attorney if the copy complies with the certification requirements of CA Probate Code Section 4307.
- Please note that the form must be notarized. If the notary charges you a fee and specifies the amount of the fee in the area for the notary signature, then we will reimburse you for the fee by mailing a check to you at your address designated on the form.

### Appoint an Authorized Agent

- If you are a CA resident, you can make an access or deletion request directly by completing the online form at [www.troweprice.com/CCPA](http://www.troweprice.com/CCPA) or by calling us at (844) 256-4465.
- Or, if you would like to authorize an agent to make access or deletion requests on your behalf, you and the authorized agent will need to complete the form titled "California Consumer Privacy Act (CCPA) Appointment of an Authorized Agent and Request Form" on pages 5-8 of this document. Follow the instructions in the form for completion and mailing.
- When you designate an authorized agent in accordance with the instructions, we will then communicate with the agent (not you) regarding requests. For example, if the authorized agent makes an access request, we will send reports about personal data we have about you to the agent, not to you.
- Please note that the signatures of you and your agent must be notarized. If a notary charges a fee and specifies the amount of the fee in the area for the notary signature, then we will reimburse you (and/or the agent as applicable) for the fee by mailing a check to you at your address (and/or to the agent at the agent's address as applicable) designated on the form.

### Questions?

For any questions regarding these forms please call us at (844) 256-4465.

# California Consumer Privacy Act (CCPA)

## Authorized Agent Request Form

✓ Use this form to:

- Make an access or deletion request for a CA resident (the principal) for whom you hold a valid Power of Attorney that has not been revoked.
- Use this form whether or not you have a Power of Attorney already on file with T. Rowe Price.

Mail to:

T. Rowe Price  
P.O. Box 17302  
Baltimore, MD 21297-1302

**NOTE:** This form can be used to make a CCPA request only. If you wish to Exercise other rights as an agent, such as making trades on the principal's account, Then call us at 1-800-537-6172 (if the principal has a directly-held account) or 1-800-922-9945 (if the principal has a workplace retirement account serviced By T. Rowe Price) for further instructions.

-  This Stamp indicates a notary is required.
-  This paper clip indicates you may need to attach documents.
-  This hand indicates where to sign.

\*Indicates a required field.

1

### CA Resident Information

About the CA resident for whom you are making a request (also referred to as "the principal")

Please use the information you believe we may have on file for the CA resident

First name*	Middle	Last name*	Suffix
Address (First Line)*			
Address (Second Line)			
City*	State* CA	ZIP Code*	
Phone Number	Email address		

2

### The Request is for (check all that apply)

- Access to personal information about the principal<sup>†</sup>
- Deletion of personal information about the principal<sup>†</sup>

<sup>†</sup>Please note that there are exceptions that can apply to access and deletion requests.

3

### What is the principal's relationship to T. Rowe Price?

Please check all that apply

- The principal's relationship with T. Rowe Price currently (or in the past) relates to one or more of the following:
  - T. Rowe Price Mutual Fund, Brokerage, Active Plus Portfolios, or Private Asset Management account.
  - Advisory Planning services.
  - College Savings Plan (529) account.
  - Workplace Retirement account (such as a 401(k) account that T. Rowe Price services).
  - As an employee or other representative of a company that is a T. Rowe Price client or that T. Rowe Price otherwise interacts with.
- The principal downloaded a mobile game application sponsored by T. Rowe Price (i.e., Starbanks Adventure).
- The principal owns (or owned) stock of T. Rowe Price Group, Inc. that is registered in their name directly.
- None of the choices above apply, but I believe T. Rowe Price has personal information about the principal (e.g., they applied for, but did not complete funding for an account, or they used a tool on the T. Rowe Price website).

**4****About you, the Authorized Agent making the request.**

Are you:\*

 An Individual.

First name*	Middle	Last name*	Suffix
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 An entity.

Entity name*	CA Sec'y of State Registration #/ID*
Your name*	Your title*

**5****Your contact information**

Address (First Line)*		
Address (Second Line)		
City*	State*	ZIP Code*
Phone Number*	Email address*	

**6****About the Power of Attorney you hold for the principal.\***

- The Power of Attorney is already on file with T. Rowe Price.  
We'll review the Power of Attorney we have on file for the principal and respond for the accounts/relationships with T. Rowe Price for which the Power of Attorney has been accepted.
- The Power of Attorney is not on file with T. Rowe Price or I'm not sure.  
Include the original Power of Attorney (which we will return to you by mail). Or, you may provide us with a copy of the Power of Attorney as long as the copy complies with the certification requirements of CA Probate Code Section 4307.

# 7

## Signature of Authorized Agent

By signing below, you certify under penalties of perjury that:

- You are authorized to submit CCPA requests on behalf of the principal.
- The Power of Attorney you are acting under is valid pursuant to the California Probate Code and has not been revoked.
- You certify that you understand and will comply with your responsibilities under the CCPA as an authorized agent.
- The information provided in this form is true, correct, and complete.

Name	 Signature	Date (mm/dd/yyyy)
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# 8

## Notary

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
In witness hereof, I hereunto set my hand and official seal.

Notary Public Signature	 Notary Stamp—Applies to Signature Above in Section 7
My Commission Expires	
Amount of notary fee paid to me (if applicable): \$ _____	

# California Consumer Privacy Act (CCPA)

## Appointment of Authorized Agent and Request Form

✓ **Use this form to:**

- Authorize an agent to make a CCPA access or deletion request on your behalf.
- The CA resident completes Part A of the form and the Authorized Agent completes Part B of the form.

**Mail to:**

T. Rowe Price  
P.O. Box 17302  
Baltimore, MD 21297-1302

**NOTE:**

- Do not use this form if you want to make a CCPA request on your own behalf. Instead, use the online form at [www.troweprice.com/CCPA](http://www.troweprice.com/CCPA) or call us at (844) 256-4465.
- This form can be used to authorize an agent to make CCPA requests only. If you wish to appoint an agent to exercise other rights, such as making trades on your account, then call us at 1-800-537-6172 (if you have a directly-held account) or 1-800-922-9945 (if you have a workplace retirement account serviced by T. Rowe Price) for further instructions.

 This Stamp indicates a notary is required.

 This hand indicates where to sign.

\*Indicates required field

### Part A For CA Resident Appointing an Authorized Agent

#### 1 About you, the CA resident with a relationship to T. Rowe Price

First name*	Middle	Last name*	Suffix
Address (First Line)*			
Address (Second Line)			
City*	State* <b>CA</b>	ZIP Code*	
Phone Number*	Email address*		

#### 2 What is your relationship to T. Rowe Price?

- My relationship with T. Rowe Price currently (or in the past) relates to one or more of the following:
- T. Rowe Price Mutual Fund, Brokerage, Active Plus Portfolios, or Private Asset Management account.
  - Advisory Planning services.
  - College Savings Plan (529) account.
  - Workplace Retirement account (such as a 401(k) account that T. Rowe Price services).
  - As an employee or other representative of a company that is a T. Rowe Price client or that T. Rowe Price otherwise interacts with.
- I downloaded a mobile game application sponsored by T. Rowe Price (i.e., Starbanks Adventure).
- I own (or owned) stock of T. Rowe Price Group, Inc. that is registered in my name directly.
- None of the choices above apply to me, but I believe T. Rowe Price has personal information about me (e.g., I applied for, but did not complete funding for an account, or I used a tool on the T. Rowe Price website).

### 3 About the Authorized Agent

Is the Authorized Agent:\*

An Individual.

First name*	Middle	Last name*	Suffix
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An entity.

Entity name*	CA Sec'y of State Registration #/ID*
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### 4 Authorized Agent contact information

Address (First Line)*		
Address (Second Line)		
City*	State*	ZIP Code*
Phone Number*	Email address*	

### 5 Your Signature

By signing below, you certify under penalties of perjury that:

- You are designating the person or entity identified in Section 1 to submit a CCPA access and/or deletion request on your behalf.
- You understand that when you designate an authorized agent in accordance under this form, we will then communicate with the agent (not you) regarding the request. For example, for an access request, we will send a report about personal data we have about you to the agent, not to you.
- You are a resident of the state of California.
- The information provided in this form by you is true, correct, and complete.

Name	 Signature	Date (mm/dd/yyyy)
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### 6 Notary

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

In witness hereof, I hereunto set my hand and official seal.

Notary Public Signature	 Notary Stamp—Applies to Signature Above in Section 5
My Commission Expires	
Amount of notary fee paid to me (if applicable): \$ _____	

## Part B for the Authorized Agent

### 7 Request Made by the Authorized Agent\*

The request is for (check all that apply)

- Access to personal information of the CA resident named in Section 1<sup>†</sup>
- Deletion of personal information for the CA resident named in Section 1<sup>†</sup>

<sup>†</sup>Please note that there are exceptions that can apply to access and deletion requests.

### 8 Signature of the Authorized Agent

By signing below, you certify under penalties of perjury that:

- You agree to act as an Authorized Agent to make a CCPA access and/or deletion request for the CA resident named in Section 1.
- You certify that you understand and will comply with your responsibilities under the CCPA as an Authorized Agent.
- The information provided in this form by or about you is true, correct, and complete.

Name	 Signature	Date (mm/dd/yyyy)
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### 9 Notary

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
In witness hereof, I hereunto set my hand and official seal.

Notary Public Signature	 Notary Stamp—Applies to Signature Above in Section 8
My Commission Expires	
Amount of notary fee paid to me (if applicable): \$ _____	