

AUTHORIZED AGENT DESIGNATION

I. Applicability

This Authorized Agent Designation form may be used by individuals who reside in the State of California (“California Consumers”) whose Personal Information is collected by Mitsubishi International Corporation (the “Company”) to designate an Authorized Agent for purposes of the California Privacy Rights Act (“CPRA”). The Authorized Agent may be a natural person or a business entity.

II. Scope and Instructions

By signing and submitting this form, you are designating the person identified in Section III, below, as your Authorized Agent. Once designated, your Authorized Agent will have the authority to submit a request, on your behalf, to exercise the “right to know”, the “right to correct”, and the “right to delete” as provided in the CPRA. For more information about these rights, please review the Company’s Privacy Statement, which is available here [Mitsubishi International Corporation \(mitsubishicorp.com\)](https://mitsubishicorp.com).

The completed and signed form must be submitted to the Company via email to ml.mca.privacy@mitsubishicorp.com. The Company may take steps to verify your or the Authorized Agent’s identity in response to (a) your submission of this form, or (b) a request submitted by your Authorized Agent. If you provide the Authorized Agent with a power of attorney that complies with California law, the Company will not require additional verification.

III. Authorized Agent Information

Please provide:

Authorized Agent’s Name: _____

Authorized Agent’s Mailing Address: _____

Authorized Agent’s Phone Number: _____

Authorized Agent’s Email Address: _____

Authorized Agent’s Date of Birth (for verification purposes only): _____

IV. Termination Of Authorization

You may terminate or change the authorization at any time. Your termination of, or change to, the authorization must be submitted to the Company by email to ml.mca.privacy@mitsubishicorp.com. Any request to terminate or change the authorization may take up to thirty (30) days from the Company's receipt of your request. Any termination or change in authorization will have no effect on actions taken by the Company before receiving the request to terminate or change the authorization.

V. Signed Authorization

By signing below, I hereby designate the Authorized Agent listed in Section III, above, to exercise on my behalf, the rights described above.

Printed Name: _____

Signature: _____

Mailing Address: _____

Phone Number: _____

Date: _____