

BSN 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, or if you are an authorized agent yourself, a signed copy of this form must be submitted to us. If we are unable to verify the identity of the individual about whom information is being requested (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:

Glanbia Performance Nutrition (NA), Inc.
3500 Lacey Rd., Suite 1200
Downers Grove, IL 60515

If sending by email, please use the following address:

privacy@gobsn.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.
- 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 Bio-Engineered Supplements & Nutrition ("BSN") on my behalf.
- I authorize BSN 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.
- I agree to indemnify BSN for any and all claims that arise against Glanbia Performance Nutrition (NA), Inc. d/b/a BSN 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 designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.