



TrueBridge California Consumer Privacy Act Personal Information Request

Identifying Information

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Mailing Address: _____

Are you an authorized agent submitting this request on behalf of a resident in California? Yes No

If yes, please provide the name of the individual for whom you are making the request.

First Name: _____

Last Name: _____

Email: _____

Are you, or if making a request as an authorized agent the individual on whose behalf you are acting, a resident of California? Yes No

Information Request

1. To Update Information. I would like TrueBridge to update my personal information in accordance with the following:

2. To Delete (please select only ONE option). TrueBridge will contact you prior to deletion to verify your identity and confirm your request:

I request that TrueBridge delete **all** of the Personally Identifiable Information TrueBridge, and third-party affiliates acting on behalf of TrueBridge, have collected about me.

I request that TrueBridge delete the following categories of Personally Identifiable Information TrueBridge, and third-party affiliates acting on behalf of TrueBridge, have collected about me:

Identifying information including, but not limited to, name, address, and email;

Internet or other electronic network activity

I would like TrueBridge to delete the following pieces of Personally Identifiable Information that TrueBridge, and third-party affiliates acting on behalf of TrueBridge, have collected about me:

3. To Know. I request TrueBridge send me:

The categories of Personally Identifiable Information TrueBridge has collected about me in the past 12 months.

The specific pieces of Personally Identifiable Information TrueBridge has collected about me.

The business or commercial purpose for the collection of my Personally Identifiable Information.

The categories of third-parties with whom TrueBridge has shared by Personally Identifiable Information, if applicable.

4. Copy of TrueBridge's Privacy Policy:

As an individual with a disability, I have the right to request that TrueBridge send me an alternate format of its Privacy Policy. By checking this box, I request that TrueBridge contact me through the above-selected method to provide me with TrueBridge's Privacy Policy in an alternate format. TrueBridge will contact you for more information or notify you of the status of your request within 10 days of receipt. TrueBridge will provide you with an update or complete your request within 45 days or receipt.

Certification

I certify that I am the above-named individual or an authorized agent acting on behalf of the above-named individual and that all information provided as part of this TrueBridge Personal Information Request form is true and correct to the best of my knowledge.

I give my consent to TrueBridge and its Service Providers, as defined in TrueBridge's Privacy Policy, to use this information to complete my request.

Signature: _____

Please download this completed form and submit via email or mail to:

info@truebridgecapital.com

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