First American

First American Financial Corporation
Authorized Agent Form

This Authorized Agent Form may be used to designate a natural person or registered agent to act on the undersigned consumer's behalf subject to the requirements of the state's privacy regulations and other laws. Depending on your state law, the Authorized Agent may either provide the signed form below, which we may confirm directly with the consumer, or a power of attorney documentation under applicable state law. Once we receive your request, we will follow up with additional instructions as necessary.

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Authorized Agent: _____ **Individual** _____ **Registered Agent**

Consumer Name: _____

Agent Name: _____

I, [INSERT CONSUMER NAME], the undersigned, do hereby authorize [INSERT AUTHORIZED AGENT NAME] of [INSERT FIRM NAME] to act on my behalf and take all actions necessary relating to my rights under the state privacy regulations, including submitting requests to, and communicating with First American Financial Corporation or one of its subsidiaries and/or affiliates.

_____ _____

CONSUMER SIGNATURE DATE

_____ _____

AUTHORIZED AGENT NAME DATE

Send the above completed form or power of attorney documentation to dataprivacy@firstam.com.

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