

Authorized Agent Designation Form

Instructions: If you are a resident of California and would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below. Please note, if Black Knight, Inc. is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Notice](#).

If sending by mail, please use the following address:

bkprivacy@bkfs.com

If sending by email, please use the following address:

Black Knight, Inc.
601 Riverside Avenue
Jacksonville, Florida 32204
Attn: Chief Compliance Officer

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 Number <i>(if applicable)</i>

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;

- Correct my personal information;
- Opt out of the “sale” or “sharing” of personal information;
- Opt out of automated decision making; and
- Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California resident.
- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- 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 Black Knight on my behalf.
- I authorize Black Knight 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 Black Knight for any and all claims that arise against Black Knight in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor	Today's date (<i>mm/dd/yyyy</i>)
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