

Power of Attorney Form

(Please submit attached to “Personal Information Disclosure Request Form”)

<Principal>

| | | | |
|-------------------------|----------|-------------------|--|
| First Name | | Seal or Signature | |
| Last Name | | | |
| Address | Zip Code | | |
| Telephone Number | | | |

I hereby appoint the following person as my representative and delegate the authority with respect to the notification of purpose of use, disclosure, correction, addition, deletion of content, suspension of use, deletion, or the suspension of provision to a third party.

<Representative>

| | | | |
|-------------------------|----------|-------------------|--|
| First Name | | Seal or Signature | |
| Last Name | | | |
| Address | Zip Code | | |
| Telephone Number | | | |