

**CCPA CONSUMER OPT-IN CONSENT**

TO: Farmers Insurance Group of Companies®

FROM: \_\_\_\_\_  
(name of consumer)

I, \_\_\_\_\_, wish to exercise a right to opt-in to the sale of personal information as that is defined in and permitted by the California Consumer Privacy Act.

I wish to exercise this opt-in right as follows:

- For myself
- For my minor child(ren) under age 13:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am the consumer identified below along with current and correct personal information about myself:

Full Legal Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

I am the parent or guardian of the minor children identified above (check if applicable).

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

Date: \_\_\_\_\_