

Instructions for Completing the On Behalf Of Personal Data Request

Authorization Form

for Personal Data Access, Correction and Deletion Requests

The California Consumer Privacy Act (as amended, the “CCPA” or the “Act”) grants California residents (“you”) certain privacy rights regarding your personal information that Midland States Bank, and its affiliates, (“we”, “us”, or “Midland”) collect, use, and maintain. These rights may be subject to exceptions provided in the CCPA.

The CCPA allows you to designate another person or business (an “agent”) to make a request on your behalf. To protect your privacy and the security of your information, we require the following:

1. You must provide identifying information to us so we can verify your identity. You can do this through by calling (833) 246-7676. When you do this, you will receive a CCPA Reference Number that will allow us to track your request.
2. You must complete and sign the attached Authorization Form and provide it to your agent.
3. Your agent must provide this form, signed by you, to us as proof that you gave your agent permission to submit the request on your behalf.

To complete the form, please fill in your name and address and the name and address of your agent. Your agent may be a natural person or a company.

The address you provide for your agent is the address where we will send any response(s) to your request. You should be aware that by signing this form, you are enabling your agent to direct us to share your personal information with your agent and/or have them direct us to correct or delete it. If you do not want to give your agent this authority, do not sign this form.

Initial in the space provided to indicate whether your request is for access to, correction, or deletion of your personal information.

Read the form carefully and make sure you understand what you are authorizing your agent to do and the limitations on your agent. In particular, you should be aware that the CCPA allows you to obtain your personal information for free.

After you sign the form and have it notarized, mail it to:

Midland States Bank
Attn: Privacy
1201 Network Centre Drive
Effingham, IL 62401

Because of the limited time we have to respond to your request under the CCPA, we must receive this form within 30 days of the date you received your CCPA Reference Number. If we do not receive your request within 30 days, we will decline your request, and if you still wish to exercise your rights, you must submit a new request.

AUTHORIZATION FORM

CCPA DSR Case Number: _____

I, _____, at
(name)_____
(address)appoint _____, at
(agent name)_____
(address of agent)

as my agent to act for me in any lawful way with respect to the matter described below.

The California Consumer Privacy Act ("CCPA") grants to California residents certain rights to request access to personal information (as defined in the CCPA), to obtain copies of personal information, to request correction of personal information, and to request the deletion of personal information. By executing this Authorization Form, I authorize my agent named above to submit a request on my behalf regarding my personal information for the following purposes (initial as applicable):

access _____
correction _____
deletion _____

to Midland States Bank, and its affiliates, (collectively, "Midland") and in furtherance thereof make the following statements:

- I am a California resident authorized to make the request described above on my own behalf.
- I agree that Midland may act under this Authorization Form to accept a request from my agent.
- The authority granted to my agent by this Authorization Form is not transferable or delegable to any other party or entity.
- I agree to indemnify Midland for any and all claims that arise against Midland in relation to its reliance on this Authorization Form.
- The authority granted by this Authorization Form will terminate 90 days after the date of execution. Any earlier revocation of this Authorization Form is not effective as to Midland until Midland has actual knowledge of the revocation.

- A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
- I have not and will not pay compensation to my agent or any other third party in connection with the request for access to or correction or deletion of my personal information made pursuant to this Authorization Form.
- Neither my agent nor any other third party has compensated me in any way for executing this Authorization Form.

Signed this ____ day of _____, 20__

(your signature)

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20__ by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

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

WITNESS my hand and official seal.

(Seal)

Signature _____