

Information Request and Deletion Form

PLEASE COMPLETE ALL FIELDS AS FAILURE TO PROVIDE THE REQUIRED INFORMATION MAY CAUSE A DELAY IN FULFILLING YOUR REQUEST.

Section 1: Information about you or the individual whose information is being requested.

Note: Electrolux will only release information to the person that the information relates to. If the request is being made by an authorized representative, the authorized representative must also complete Section 2 below.

| | |
|---|--|
| First name | |
| Last name | |
| Any other applicable names | |
| Current address | |
| Previous address (if relevant to the request) | |
| Telephone number | |
| Email address | |
| Alternate email address | |
| Preferred final response method (select one) | <input type="checkbox"/> BY MAIL <input type="checkbox"/> BY EMAIL |
| Are you a current or previous Electrolux employee | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Request (select one or more) | <input type="checkbox"/> For categories information <input type="checkbox"/> For specific pieces of personal information <input type="checkbox"/> For deletion |

Section 2: Authorized Representative (if applicable)

(If completed, Electrolux will only reply to the address/email address in this section)

| | |
|------------------------|--|
| Name of Representative | |
| Contact information | |

Proof of Representative Authority

Please attach proof of authority to request the information on behalf of the individual whose information you are requesting (e.g. signed authorization letter from the individual, notarized Power of Attorney, or other authorization notice).

Section 3: Details of information:

You have the right to access and receive a copy of the Personal Information we hold about you in manual or electronic form. Information relating to third parties which may be part of a record or other information exempt under applicable law(s) will not be provided or will be redacted (blacked out).

| Type of information | |
|---|--|
| Please describe the type of information you are requesting or would like deleted. | |

Section 4: Declaration if Requesting Specific Information or Deletion

Please type your name below to acknowledge under penalty of perjury that the information supplied in this request is correct and you are the individual to whom it relates or the authorized representative of that individual. In accordance with the federal Electronic Signatures in Global and National Commerce Act, 15 U.S.C. Section 7001 et seq. ("ESIGN"), you hereby agree to execute this Declaration using electronic means including the use of an electronic signature, which shall have the full force and legal effect as if the electronic signatures were traditional handwritten signatures. You acknowledge that you have the ability to retain this Declaration either by printing or saving it. Electronic signature means any "electronic sound, symbol, or process attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record." 15 U.S.C. § 7006(5)..

| | |
|---|-------|
| Signature/ <i>e-Signature</i> of Applicant: | Date: |
|---|-------|