

**Academy of Life Underwriting (“ALU”)
Director and Officer Annual Statement of Conflict of Interest**

BEFORE COMPLETING THIS FORM: This form should be completed only after a careful reading of ALU’s Conflict of Interest policy (see attached).

1. Name: _____

Home Address: _____

2. Position:

If you are an Officer, which position do you hold: _____

3. Associations:

Business and professional activities in which you or an immediate family member hold an owner, officer, board member, partner, employee, or other beneficiary position (please attach additional pages if needed).

**Name of Business/Professional Organization(s)
With Which You Are Associated**

Position Held/By Whom

4. Affirmations:

I affirm the following:

I have received a copy of the ALU Conflict of Interest Policy. _____ (initial)

I have read and understand the policy and agree to comply with its terms. _____ (initial)

I understand that the Corporation is tax exempt and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. _____ (initial)

I have not, to the best of my knowledge and belief, been in a position of possible conflict of interest, except as follows (please describe in detail and attach additional pages if needed): _____

IF NO EXCEPTIONS, PLEASE CHECK: No exceptions (___)

If at any time during the year, the information in this Annual Statement changes materially, I understand that I must notify the board of directors of such change and revise my Annual Statement. _____ (initial)

Signature of director Date: _____

Signature of director

FOR INTERNAL USE

Date of review by Executive Committee: _____

Executive Committee actions, if any: _____