

---

## STATEMENT OF ACCEPTANCE

20\_\_

THIS DECLARATION applies, to the best of my knowledge, to all members of my immediate family (spouse, children, parents) and its provisions shall protect any organization affiliated with or subsidiary to \_\_\_\_\_ . In the event facts change in the future that may create a potential conflict of interest, I agree to notify \_\_\_\_\_ .

1. I have read the Statement of Ethical Foundations and the policy on Conflict of Interest and/or Commitment.
2. I am in compliance with my employer's policy on Conflict of Interest and/or Commitment as printed above.
3. Except as disclosed below:
  - (a) Neither I nor my family has a financial interest or business relationship which competes with or conflicts with the interest of \_\_\_\_\_ .
  - (b) Neither I nor my family has a financial interest in nor am or have been an employee, officer, director, or trustee of, nor receive/have received financial benefits either directly or indirectly from any enterprise (excluding less than five percent (5%) ownership in any entity with publicly traded securities) which is or has been doing business with or is a competitor of \_\_\_\_\_ .
  - (c) Neither I nor my family receive/received any payments or gifts (other than of token value) from other denominational entities, suppliers, or agencies doing business with \_\_\_\_\_ .
  - (d) Neither I nor my family serve/have served as an officer, director, trustee, or agent of any organization affiliated with or subsidiary to \_\_\_\_\_ in any decision-making process involving financial or legal interests adverse to \_\_\_\_\_ .

Disclosures:

- 1.
- 2.
- 3.

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Date \_\_\_\_\_