Docusign Envelope ID: 6C9409C3-B986-4794-9117-37E14572B15F

1. Name: Corey Baker Date: 08/29/2025
2. Position: Board of Directors Member

   Are you a voting Director? X Yes _____No

   Are you an Officer? X Yes _____No

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

3. I affirm the following:
   I have received a copy of the TCFSWG Conflict of Interest Policy. Initial CB (initial)

   I have read and understand the policy. Initial CB (initial)

   I agree to comply with the policy. Initial CB (initial)

   I understand that TCFSWG is charitable and to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. Initial CB (initial)

4. Disclosures:
   1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with TCFSWG?

      _____Yes X No

      i. If yes, please describe it: _____
      ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? _____Yes _____No

   2. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with TCFSWG? _____Yes X No
      i. If yes, please describe it, including when (approximately):
      _____
      ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? _____Yes _____No

5. Are you an independent director, as defined in the Conflict of Interest policy? X Yes ___No

   1. If you are not independent, why? NA

Signed by:
Corey Baker
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Signature of Director/Board Member — Date: 8/29/2025

DocuSigned by:
Lois Olsen
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Review by Executive Committee (Initial) — Date: 8/29/2025