1. Name: Jim smith Date: 9-4-25
2. Position: Board

   Are you a voting Director? X Yes _____No

   Are you an Officer? _____Yes X No

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

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

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

   I agree to comply with the policy. Initial (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 (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 X 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 X No

5. Are you an independent director, as defined in the Conflict of Interest policy? _____Yes X No
   1. If you are not independent, why? _____

Signed by: ACC67B121C6A4BD...
Signature of Director/Board Member — 9/4/2025 Date

DocuSigned by: 9F9FF1B27C79439...
Review by Executive Committee (Initial) — 9/4/2025 Date