

AFFIRMATIVE STATEMENT
BY
MANAGING ATTORNEY¹

{Full Name of Managing Attorney²} _____,
(the “Managing Attorney”), with offices located at {Managing Attorney’s Address}

_____ hereby makes the following affirmative statement:

The Managing Attorney shall complete any and all legal services undertaken for and on behalf of a Plan Participant to the extent of the benefits provided under the Plan in the event of the termination of the Plan.

Signature of Managing Attorney

Type or Print Name of Managing Attorney

Florida Bar No. _____

Date

¹ As required by and under **Rule 9-2.2(a)(8), Rules Regulating The Florida Bar**, (the “Rules”).

² As that term is defined in **Rule 9-1.3(f)** of the Rules.