

AFFIRMATIVE STATEMENT

BY
PLAN ATTORNEY¹

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

_____ hereby makes the following affirmative statement:

The Plan 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 Plan Attorney

Type or Print Name of Plan Attorney

Florida Bar No. _____

Date

¹ As required by and under **Rule 9-2.2(c)(2), Rules Regulating The Florida Bar**, (the “Rules”).

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