

**AFFIRMATIVE STATEMENT**  
**BY**  
**SPECIFIED MEMBER OF THE MANAGING ATTORNEY'S LAW FIRM<sup>1</sup>**

{*Full Name of Specified Member of Managing Attorney's Law Firm<sup>2</sup>*}  
\_\_\_\_\_, (the "Specified Attorney"), with  
offices located at {*Specified Attorney's Address*}

\_\_\_\_\_,  
hereby makes the following affirmative statement:

**The Specified 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 Specified Attorney

\_\_\_\_\_  
Type or Print Name of Specified Attorney

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
Date

<sup>1</sup> As required by and under **Rule 9-2.2(a)(8), Rules Regulating The Florida Bar**, (the "Rules").

<sup>2</sup> As that term is referenced in said **Rule 9-2.2(a)(8)** of the Rules.