

Fiduciary Oath

I, _____ (*financial professional's name*) representing
_____ (*firm name*) affirm that I am engaging in an
advisory relationship with _____ in which you, as my client, expect to
receive financial planning and/or insurance and/or investment advisory services. Furthermore, I acknowledge that I am
a fiduciary as defined by law and have a fiduciary obligation to my clients and my firm's clients when providing financial
planning and/or insurance and/or investment related advice or recommendations.

In addition to adhering to the suitability standards established by the relevant regulatory bodies, I will also abide by the
more stringent fiduciary standard of care when providing you with advice and/or recommendations. My obligation to
you as a fiduciary means that:

1. I will always place your best interests and welfare ahead of mine, my firm's or its affiliates.
2. I will provide you with written documentation of the fees, commissions and any form of revenue my firm and
I will earn when providing you with financial products or services.
3. I acknowledge that you have entrusted me to provide objective financial advice and personalized
recommendations that are free of conflicts of interest.
4. If any conflicts of interest arise, they will be disclosed to you in writing and will be resolved in your favor.
5. To assure objectivity, I confirm that I am not obligated by contractual requirements, benefit qualifications,
compensation rates, quotas, production bonuses, sales contests or other incentives to utilize or recommend
proprietary financial products or financial products with whom my firm has financial arrangements.

My recommendations will be focused solely on what is in your best interest. As your advisor, I will present a full range
of the financial product and services and explain each to you before making my recommendation. When making
recommendation(s) or providing advice, I reconfirm that I will be acting in a fiduciary capacity.

Name of Financial Professional	Signature of Financial Professional	date
--------------------------------	-------------------------------------	------

Name of Supervisor	Signature of Supervisor	date
--------------------	-------------------------	------