



Certified Health Savings Adviser (CHSA®)

Attestation Form of Good Conduct

By signing below, I attest that I have read, understand and accept the minimum requirements and obligations set forth in the Code of Conduct for professional and ethical conduct for those who hold the CHSA® designation, and that I have answered all the questions below in a forthright and honest manner.

Please check the appropriate answer for all the following questions:

1. Have you within the past five years been convicted of or had a guilty plea entered against you with respect to a crime involving fraud, misrepresentation, extortion, conversion, misappropriation, theft, or other similar violation of the laws or any administrative rules of the United States of America, any state?

Yes _____ No _____

2. Have you within the past five years been barred or suspended as to any form of activity as a disciplinary measure from registration under the securities laws or regulations of the United States of America, any state, or by an association of affiliation with a self-regulatory organization with legal authority over the investment process?

Yes _____ No _____

Name (printed)

Signature

Date