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### Certification Regarding Disclosure of Conflict of Interest (COI)

This form is signed in connection with

hereinafter referred to as the “Purpose”.

This form serves as your representation regarding any family, business, or financial relationships that could interfere with your objectivity in carrying out the Purpose.

With respect to the Purpose, the undersigned hereby agrees and certifies to the following:

1. I will adhere to Social Impact’s ***Standards of Business and Ethical Conduct***, available at <https://socialimpact.com/wp-content/uploads/2020/07/BusinessEthicalStandards.pdf> in carrying out the Purpose.
2. I have carefully reviewed my employment (past, present, and under consideration) and financial interests, as well as those of my family members. Based on this review, I certify, to the best of my knowledge and belief as of the date indicated below, that either (a) I have no actual or potential relationships that would pose a conflict of interest and thus could diminish my capacity to perform the Purpose in an impartial and objective manner; or (b) I have fully disclosed all such conflicts to Social Impact and will comply fully with any instructions given by Social Impact to avoid, neutralize, or manage such conflicts. I understand I have a continuing obligation to disclose potential conflicts discovered at any time prior to the completion of the Purpose and to act as instructed.
3. Under no circumstances will I ask for or accept any money, fee, commission, credit, gift, gratuity, object of value, or compensation to improperly obtain or reward favorable treatment in connection with the Purpose. I will immediately report any improper request or offer from any individual to Social Impact. Such violations may be reported to the Chief Corporate Compliance and Ethics Officer Erica Burdick at [eburdick@socialimpact.com](mailto:eburdick@socialimpact.com) or anonymously via email to [compliance@socialimpact.com](mailto:compliance@socialimpact.com).

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_