

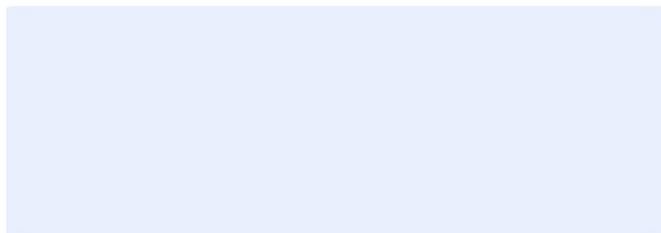
HCAM's Disclosure Statement

Identify All Entities or Individuals With Which/Whom You Are Affiliated and For Which Such Affiliation Could Constitute a Conflict Of Interest As Defined Under The HCAM Conflict Of Interest Policy (NOTE – the term “affiliated” means that with respect to the entity or individual, you are affiliated or have direct or indirect control over in any way, including but not limited to serving as director, officer, employee, agent, partner, consultant, associate, trustee, personal representative, receiver, guardian, custodian, conservator or other legal representative.)

Disclose Actual or Potential Conflicts of Interest:

Candidate Signature:

(Click the picture icon to insert electronic signature or print and hand sign.)



Candidate Printed Name:

Date:

*Please read the HCAM Conflict of Interest and Disclosure Policy (attached below) prior to completing and signing the above statement.