THE AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL FOUNDATION

2016 Conflict of Interests Disclosure Form

Please complete the following:

I. Have you read the Foundation's Conflict of interests Policy?

Yes_____ No_____

2. Do you possess an Interest, as that term is defined in the Foundation's Conflict of interests Policy, in a contract, transaction, or other arrangement, or in the same or related business as the Foundation?

Yes

No_____

If yes, please list the persons, the Interests, and the details of any actual or potential financial or other benefit as you can best estimate them.

Interest	Benefit

I certify that the foregoing information is true and complete to the best of my knowledge:

Date_____

Signature

Please print name _____