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**ANNUAL STATEMENT AFFIRMING
CONFLICT OF INTEREST AND FIDELITY POLICIES
AND DISCLOSURE OBLIGATIONS**

I, _____ am a trustee of one or more of the MCASF Local 725 Employee Benefit Trust Funds, including the MCASF Local 725 Pension Trust Fund, MCASF Local 725 Defined Contribution Retirement Trust Fund, MCASF Local 725 Health & Welfare Trust Fund as well as the MCASF Local 725 Service Corporation.

- I affirm that I have received a copy of the Conflict of Interest Policy and the Fidelity and Disclosure Policy adopted by each of the Funds and the MCASF Local 725 Service Corporation, and that I have read and understand the policies.
- I agree to comply with the policies.
- I understand as a fiduciary to employee benefit plans and trusts governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA), these entities and the plans of benefits that the trust funds sponsor, the trusts and plans must be administered in accordance with the standards of fidelity and loyalty provided under ERISA.
- I agree that in the event of potential conflict of interest or fidelity question for which disclosure is required, I will make such disclosure pursuant to the policies promptly.

Signature of Trustee

Date