

OFFICE OF THE KANSAS SECURITIES COMMISSIONER
A DIVISION OF THE KANSAS INSURANCE DEPARTMENT

INVESTOR EDUCATION
GRANT APPLICATION UNDERTAKING FORM

I, _____, hereby certify that I have reviewed and understand the disqualification conditions set forth under K.A.R. 81-5-13(b)(2). I have reviewed those conditions with each executive officer and member of the board of directors of _____ and have determined that none of the proscribed conditions exist for any of those individuals other than as disclosed in the exhibit(s) attached to this undertaking form.

I further undertake to monitor for any events that constitute a disqualification condition after the date of my signature below, and if any such events occur, I will submit full disclosure of the events resulting in a disqualification condition to the Office of the Kansas Securities Commissioner.

Executive Director or CEO Officer

Date

This instrument was signed before me on this ____ day of _____, 20____,
by _____, as Executive Director of
_____.

(seal)

Notary Public

My appointment expires: _____