Appendix A

CERTIFICATION

"OFF-CHANNEL" COMMUNICATIONS POLICY

I hereby acknowledge receipt of the Firm's Compliance Manual which describes the Firm's "Off-Channel" Communication Policy (the "Policy"). Further, I hereby acknowledged that I read the policy and understand my obligations thereunder.

I hereby confirm that, during the compliance period under review, I have:

 Used only approved methods of communicating with advisory clients for business purposes; 	
☐ Complied with all requirements for memorializing Client-initiated off-channel communications; and	
☐ Have not used any "off-channel" communications for the purpose of providing advisory	
clients with:	
 Any investment advice or recommendations, 	
 Any information about the receipt, disbursen securities; 	nent or delivery of their funds or
 Placing or executing orders to purchase or sell securities; or 	
 Any other communication prohibited by the 	Policy.
I hereby represent that I will report any violations of the Policy that come to my attention. I understand that any breach of the Policy may jeopardize the Firm and its personnel and result in disciplinary action against me including possible termination.	
I hereby certify that I am not aware of any facts that would constitute violation of the Policy which have not been previously disclosed to the Chief Compliance Officer in writing.	
Signature	Date
Print Name	

PLEASE SIGN, DATE, AND RETURN TO THE CHIEF COMPLIANCE OFFICE