



FOUNDATION FOR FIDUCIARY STUDIES

Fiduciary Declaration

I, _____ (*Name of adviser*) located at
152 Forest Ave., Locust Valley, NY 11560 (*Address of adviser*) in city of Locust Valley, New
York, 11560 represent the Family of Financial Service Companies of Diefendorf Capital
Planning Associates and

declare that I am acting as a fiduciary for my client,

_____ (*Name of client*) located at
_____ (*Address of client*) in city of
_____ (*City, state and zip*)

As a fiduciary I am legally required to act in the best interest of my client with respect to
investment advice that I render.

I am disclosing the following potential conflicts of interest that exist as of this date which
could affect the objectivity of my investment advice and I will promptly disclose any other
potential conflicts of interest that may arise in the future:

All forms of compensation I receive with respect to any investment or other financial product
I recommend have been disclosed to my client.

This declaration supersedes any prior agreement with respect to my fiduciary relationship
with my client.

(Adviser signature)

(Date)

(Client signature)

(Date)

