

**ANTITRUST POLICY AND GUIDE;**  
**STANDARD OF CONDUCT AND NO-HARASSMENT POLICY; and**  
**STATEMENT OF PRINCIPLES ON CONFLICTS OF INTEREST**  
**ACKNOWLEDGMENT FORM**

This Acknowledgment Form is for the Independent Insurance Agents & Brokers of America, Inc. (IIABA) and its subsidiaries (Big “I” Advantage, Inc. (“BIA”), which has two subsidiaries, IIAA Agency Administrative Services, Inc. (“AAS”) and IIAA Membership Services, Inc. (“MSI”); and Trusted Choice) and Invest; all of which entities shall, for the purpose of this Acknowledgment Form, collectively be referred to as IIABA Entities.

I hereby acknowledge and agree as follows:

1. I have read the Antitrust Policy and Guide and agree to abide by it in my work for IIABA Entities.
2. I have read the Standard of Conduct and No-Harassment Policy and agree to abide by it in my work for IIABA Entities.
3. I have read the Statement of Principles on Conflicts of Interest (“Statement”), agree to abide by it in my work for IIABA Entities, and make the required disclosures listed below:
4. I further agree to make a prompt and full written disclosure on an Acknowledgment Form to the IIABA’s General Counsel of all additional matters covered by the Statement that arise while I am in a position of leadership with and/or employed by any IIABA Entities following my submission of this Acknowledgment Form:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT/TYPE NAME

\_\_\_\_\_  
PRINT/TYPE COMMITTEE NAME OR POSITION WITH THE  
IIABA ENTITIES YOU WORK WITH OR ARE EMPLOYED BY

\_\_\_\_\_  
DATE

**PLEASE RETURN THIS ACKNOWLEDGMENT VIA**

Email to: OGC@iiaba.net  
Mail to: IIABA  
127 South Peyton Street  
Alexandria, VA 22314  
Attn: Office of the General Counsel