

ATTACHMENT C
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM*

ITN NO.: 15-0008
RETIREMENT PLAN ADMINISTRATOR SERVICES

*This form is required for all contracts or individual purchases with a total value of \$35,000 or more

Vendors are responsible for disclosing current or reasonably foreseeable conflicts of interest involving Citizens (a "Necessary Disclosure"). Citizens is required by law and corporate policy to avoid, neutralize, or mitigate significant potential or actual organizational conflicts of interest.

The following, if known or reasonably ascertainable, are Necessary Disclosures. For each category, please check "Yes" or "No" as appropriate. If you are uncertain as to whether circumstances constitute a Necessary Disclosure, then check "Yes" for the relevant category and explain.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment by Vendor of a current Citizens employee or Board Member, or Family Member of a current Citizens employee or Board Member.
If you answered yes, please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment by Vendor of a former Citizens Senior Manager or Board Member, or Family Member of a former Citizens Senior Manager or Board Member.
If you answered yes, please explain:	

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<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct or indirect ownership of a Material Personal Financial Interest in the Vendor by a Citizens employee, Board Member, or Family Member of a Citizens employee or board Member.
If you answered yes, please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A past, present, or foreseeable payment or provision of anything of value by Vendor to a Citizens employee, Board Member, or Family Member of a Citizens employee or Board Member that could reasonably appear to influence the employee's or Board Member's official actions or judgment.
If you answered yes, please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Existence of an unfair competitive advantage in favor of Vendor with regard to a Citizens contract for which Vendor is competing. An unfair competitive advantage exists when the vendor competing for award of a contract obtained either: (i) access to information that is not available to the public and would assist the vendor in obtaining the contract, or (ii) source selection information that is relevant to the contract but is not available to all competitors and that would assist the vendor in obtaining the contract.
If you answered yes, please explain:	

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<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor, through any affiliates, subsidiaries, or other ongoing business relationships, has a potential or actual conflict between services that may be provided by Vendor to Citizens and the activities of the affiliate, subsidiary, or ongoing business relationship.
If you answered yes, please explain:	

Definitions:

Authorized Representative means a representative of the vendor with knowledge of Vendor's operations and personnel sufficient to in good faith provide Necessary Disclosures on behalf of the vendor as detailed above.

Family Member means father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, or daughter-in-law.

Senior Manager means the President; a person employed as an executive who directly reports to the President; the Chief Internal Auditor; the Inspector General; and any other person designated by Florida law to be a Senior Manager of the corporation.

Material Personal Financial Interest in a vendor means any position as owner, proprietor, manager, partner (active or silent), officer, director, shareholder or beneficiary of such vendor. A material personal financial interest does not, in most instances, pertain to ownership of a limited number of shares in publicly held firms, shares owned through a mutual fund, or personal bank accounts. However, direct or indirect ownership of more than five (5) percent of the total assets or capital stock of a vendor constitutes a material personal financial interest in such vendor.

SIGNATURE:

By my signature below, I certify that I am an Authorized Representative of the Vendor named below, and that all of the information provided above is true and complete to the best of my knowledge:

Print the Name of Vendor

Print Your Position Title

Print Your Name

Email Address

Phone

Signature

Date