



5. In the event that the information contained in the [identify information/document subject to verification] becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Department of Banking, Insurance, Securities and Health Care Administration, and to supplement the information/document subject to verification as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

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[signature]

On [date], [name] appeared before me and swore to the truth, accuracy and completeness of the foregoing.

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Notary public

My commission expires [date]

[seal]