## Fiduciary Attestation Form

As a prospective client I request a written response to the following: Please check the appropriate box, and sign and date below.

	As your financial advisor/advisory firm I acknowledge my responsibility as your fiduciary and agree to put your best interests first at all times. My duty of loyalty is to you.  As your financial advisor/advisory firm I cannot accept responsibility as your fiduciary and you must recognize that your best interests may be in conflict with mine or my firm's best interests. My duty of loyalty is to my firm.	
Advisor Signature		Supervisor Signature
Advisor Printed Name		Supervisor Printed Name
Advisor Title		Supervisor Title
Firm Name		Date