

Conflict of Interest Disclosure Statement

By signing below, I affirm that:

- 1. I have received and read a copy of the Conflict of Interest Policy;
- 2. I agree to comply with the policy;
- I have no actual or potential conflicts as defined by the policy or if I have, I have previously disclosed them as required by the policy or am disclosing them below.

Disclose here, to the best of your knowledge:

- any entity in which you participate (as a director, officer, employee, owner, or member) with which the Corporation has a relationship;
- any transaction in which the Corporation is a participant as to which you might have a conflicting interest; and
- 3. any other situation which may pose a conflict of interest.

Signature

Name (Please Print)

Date 15 NOV. 2020

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CAROLINE SLITTER