



September 26, 2016

PERSONAL & CONFIDENTIAL
MS BRENDA S BECKER
TRUSTEE
EARL TOWNSHIP
517 N RAILROAD AVE
NEW HOLLAND PA 17557-9758

RE Earl Township Pension Plan
Annuity Contract No: 6-15552

Dear Ms Becker

Enclosed is the completed ACT 44 Disclosure Form. Please review the Contractors' responses to determine if there are any conflicts of interest. File the completed Disclosure Form with your pension plan documents. If the Municipality maintains a website, it is required by ACT 44 that all Disclosure Forms be posted to the website by each December 17th.

Please contact me if you have any questions about this form.

Sincerely

A handwritten signature in cursive script, appearing to read 'Jennifer Klooster'.

Jennifer Klooster
Client Service Associate
Retirement and Income Solutions
Phone (800) 258-9041
Fax (866) 704-3594

Enclosure

cc Robert J Hall
Retirement Services Office - Philadelphia

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”:

<input checked="" type="checkbox"/>	Non- Uniform Plan	<input type="checkbox"/>	Police Plan
<input type="checkbox"/>	Fire Plan		

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality’s** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

Jennifer Klooster- acting solely in her capacity as Senior Client Service Associate with Principal Life.

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

n/a

3. Are any of the individuals named in **Item 1** or **Item 2** above, a current or former official or employee of the **Requesting Municipality**?

➔ **IF “YES”**, provide the name and of the person employed, their position with the municipality, and dates of employment.

no

4. Are any of the individuals named in **Item 1** or **Item 2** above a current or former registered Federal or State lobbyist?

➔ **IF “YES”**, provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

no

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. Since December 17th 2009, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the Municipal Pension System of the **Requesting Municipality**?

This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- ➔ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

no

6. Since December 17th 2009, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate?

- ➔ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

no

7. Since December 17th, 2009: Has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**?

- ➔ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution , the date of the contribution, and the amount of the contribution.

no

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official identified on the *List of Municipal Officials*, of the **Requesting Municipality**?

- ➔ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

no

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the *List of Municipal Officials* of the **Requesting Municipality**?

➔ **IF “YES”**, Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

no

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania

Applicability: A “yes” response is required and full disclosure is required ONLY WHEN ALL of the following applies:

- a) The contribution was made within the last 5 years (specifically since: December 18th 2004)
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

➔ **IF “YES”**, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

no

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**?

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

➔ **IF “YES”**, Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

no

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.


n/a

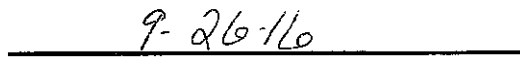
Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: **Jennifer Klooster**

Position: **Sr Client Service Associate**


SIGNATURE


TITLE


DATE

JAMES W. APPEL
KENNETH H. HOWARD
WILLIAM J. CASSIDY, JR.
ELAINE G. UGOLNIK
ROBERT W. HALLINGER
JEFFREY P. OUELLET
BRADLEY A. ZUKE
ERIC SCHELIN ROTHERMEL
NICHOLE M. BAER

OF COUNSEL
MARK L. JAMES

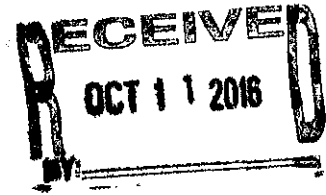
RETIRED
HARRY B. YOST

T. ROBERTS APPEL II (1961-2006)



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LANCASTER, PENNSYLVANIA 17602
(717) 394-0521
FAX (717) 394-0739
(email) BCassidy@appelyost.com

October 7, 2016



BRANCH OFFICES
NEW HOLLAND, PA
(717) 354-4117

STRASBURG, PA
(717) 687-7871

QUARRYVILLE, PA
(717) 786-3172

CHRISTIANA, PA
(810) 693-6740

Brenda S. Becker, CAO
Earl Township
517 N. Railroad Avenue
New Holland PA 17557

Re: Act 44 Disclosure Form - Municipal Pension Plan

Dear Brenda:

I received your letter of September 21, 2016 regarding the Act 44 Disclosure Form. Act 44 applies only if the professional is paid out of the pension fund itself and if the fund is a party to the contract with the professional. Therefore, while Act 44 will have consequences for those professionals who receive compensation through fees earned from the pension plan itself, the Act does not regulate those professionals who perform work for a municipality but are not paid from the pension plan. Appel & Yost does not receive payment from pension plan funds and, therefore, I do not believe that we are required to complete the disclosure form.

If you wish to discuss this matter, please feel free to call me at any time.

Very truly yours,

APPEL & YOST LLP

William J. Cassidy, Jr.

WJC:dg
#76004 78