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 plan(s) for which you are providing information:

Borough of Carlisle Non-Uniformed Employees Pension Plan

Borough of Carlisle Police Pension Plan

Carlisle Borough 401-A Plan

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.

   The following individuals are all employees of Conrad Siegel *Actuaries* and provide actuarial or support services to our public sector clients. We do not hire any third-party advisors or subcontractors.

   Andy J. Zheng
   Ashley A. Wise
   Brian N. Graff
   Brian G. Stine
   Bryttani J. Craigle
   Cara N. Seidlich
   Casey B. Krady
   Cassie T. Saira
   Charles A. Eberlin
   Daniel S. Hollinger
   David H. Killick
   Gregory G. College
   Jason D. Herr
   Jay-David Bazzo
   Jeffrey D. Boyer
   Jeffrey S. Myers
   John D. Vargo
   Joshua J. Patota
   Joshua R. Mayhue
   Michael R. Hoyle
   Thomas L. Zimmerman

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 - Conrad Siegel *Actuaries* is not an Affiliated Entity.

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 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. Conrad Siegel *Actuaries* does not pay or employ any third party individuals.

6. Within the past two years, has the *Contractor,* or any agent, officer, director, or employee of the *Contractor* solicited a contribution to any municipal official 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. Within the past two years, 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 of the Requesting Municipality?
   IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship. 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 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

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.

None.

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, Conrad Siegel *Actuaries* is not aware of any conflict or potential conflict.

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.

None.

VERIFICATION

I, Jeffrey S. Myers, F.S.A., hereby state that I am a Consulting Actuary for **Conrad Siegel** *Actuaries* and I am authorized to make this verification.

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to the Borough of Carlisle are true and correct to the best of my knowledge, information, and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Jeffrey S. Myers

Signature

9/30/2015

Date