

## Sample Form: Conflict of Interest Disclosure—Annual

*This sample annual conflict of interest disclosure form can be used by your church, school, college, camp, or nonprofit to solicit information from the ministry's directors, officers, employees, volunteers, or other organization representatives to help uncover potential conflict of interests and comply with the organization's own internal governance policies, as well as meet governance expectations of federal and state government agencies. This sample disclosure form should be reviewed and approved by your local attorney prior to use to ensure the document complies with applicable local and state laws.*

In compliance with [insert organization name]'s **Conflict of Interest Policy** ("Policy") located [insert location of the Policy such as in your operational manual, employment handbook, bylaws, website, etc.], Representative (as that term is defined in the Policy) must annually disclose all actual, potential, or perceived conflicts of interests with the organization by completing the questionnaire below.

### Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position with [insert name of organization]: \_\_\_\_\_

*Please answer the following questions related to real or potential conflicts of interests involving [insert name of organization] to the best of your ability.*

- 1) Please describe any situation that you believe could create a real or potential conflict of interest with [insert name of organization], as described in the Policy.

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- 2) Please list all other entities for which you serve or anticipate serving as a director, officer, employee, volunteer, or in another capacity, or have financial, business, personal, or relational interest in, and describe any compensation arrangement you may have with the entity that could create a conflict of interest with the organization.

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- 3) Please describe anything that you or any party related to you sold or provided to or purchased from the organization in the past year.

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- 4) Please describe any financial assistance that you or any party related to you received in the past year from the organization.

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- 5) Please describe any legal proceedings involving the organization in which you or any party related to you are a party to or may have acquired an interest in within the past year.

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### Certification

By signing below I affirm that I have answered the questions on this form completely and truthfully to the best of my ability, that I will notify the organization immediately if I become aware of a material change to the information on this form or new information that would be important to the organization to know about, and I understand that the organization is a religious organization and in order to maintain its federal tax exemption, it must engage primarily in activities that accomplish its tax-exempt purpose(s).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample form.*