

ACKNOWLEDGEMENT OF DUTIES OF SUPERVISING FIDUCIARY

I, _____, understand that fiduciary trainee applicant _____, has identified me as his/her supervising fiduciary on the Trainee Registration Application. I confirm that I am or will be supervising this trainee and support his/her fiduciary trainee registration. In signing this document, I certify that I have read ACJA § 7-202 and understand my professional obligations relative to any trainees acting under my supervision.

Signature of Supervising Fiduciary

Date

Printed Name of Supervising Fiduciary

Fiduciary License Number