Senior Freedom Inc.

ANTI-MONEY LAUNDERING PROGRAM CERTIFICATION

Employee Name:	(the "Employee")		
The above-named Employee has reviewed and intends to fully Treasury, Financial Crimes Enforcement Network ("FinCEN" Laundering Program and Suspicious Activity Report Filing RecOriginators" ("RMLOs").	"), 31 CFR Parts 1010 and 1029, "Anti-Money		
I hereby acknowledge that Senior Freedom Inc. (the "Company" or "SFI") requires representations and further warrants that the Employee is in full compliance with FinCEN's Anti-Money Laundering regulations and Suspicious Activity Report ("SAR") filing requirements, and that the Branch/Employee is subject to audit at any time by SFI. The penalties for non-compliance can be substantial and include both criminal and civil penalties. I further acknowledge that failure to comply with SFI FinCEN requirements and the reporting requirement within SFI's training materials and Anti-Money Laundering Program shall result in loss of the Employee's good standing with SFI and shall result in termination of the Employee's affiliation and employment with SFI. I hereby attest that I have received, reviewed and agreed to comply with the following: • SFI's written Anti-Money Laundering Program ("AML Program")			
		• The AML Program provisions that include, but are not	t limited to:
		 Internal Controls 	
		 Ongoing Training Responsibility to report suspicious activity to the BSA Officer of SFI Prohibition of the BSA Officer to perform independent testing of AML controls 	
 Testing and Auditing 			
1 1 0	clude identifying suspicious activity and reporting FinCEN and in accordance with the timely filing ations		
NOTE: The foregoing outline is a brief summary of the regulate and is not legal advice.	ory compliance requirements of an AML Program		
Signature of Employee:	Date		
Name of Employee:			
(Exactly as it appears in NMLS)	NMLS Number		