

FIDUCIARY OATH
PUTTING YOUR INTERESTS FIRST



I believe in placing your best interests first. Therefore, I am proud to commit to the following five fiduciary principles:

I will always put your best interests first.

I will act with prudence; that is, with the skill, care, diligence, and good judgment of a professional.

I will not mislead you, and I will provide conspicuous, full and fair disclosure of all important facts.

I will avoid conflicts of interest.

I will fully disclose and fairly manage, in your favor, any unavoidable conflicts.

Advisor Signature: KWAngstadt

Advisor Name: Kurt Angstadt

Date: 02 / 20 / 2020

COMPLIANCE TERMS OF SERVICE

The XYPN member takes full responsibility on behalf of their firm to ensure that the items contained in their Compliance Manual (Written Supervisory Procedures), Business Continuity Plan, Social Media Policy, Privacy Policy, ADV Part 2, or any other compliance document for which XYPN has provided a template, are adapted in a manner to apply to the specifics of their firm, comply with applicable State and Federal Securities Laws, and address all areas mandated by the firm’s regulators.

XY Planning Network has provided these Templates for our member’s Compliance Program as nothing more than a guide for assistance in the process of drafting their firm’s Compliance documents. XY Planning Network has only provided compliance templates, and these documents are not intended to be the final document. XY Planning Network is not to be held liable in the instance that any information therein be deemed insufficient or misleading by regulators, auditors, clients, or any other third-party with whom above mentioned firm is associated.

In addition, XY Planning Network assumes no responsibility for assuring that the policies and procedures within this document are subsequently implemented or adequately monitored, as that is the responsibility of the Chief Compliance Officer, and no representative of XY Planning Network will be present during any audit or technical visit to speak on behalf of the member’s firm regarding the items within these documents.

By signing below I agree to be bound the terms detailed in this document and certify that I have reviewed, understood, and agree to be bound by all the terms and conditions described above. In addition, I certify that I am of sound mental condition/state, sufficient legal age, and proper legal authority to enter into and be bound by this contract in the state of Montana.

Advisor Signature: _____ *KWAngstadt* _____ Date: 02 / 20 / 2020 _____