**Section 1705.EXHIBIT A Certificate of Compliance**

|  |  |  |  |
| --- | --- | --- | --- |
| STATE OF |  | ) |  |
|  | ) | SS |
| COUNTY OF |  | ) |  |
| (Official's name) | , being first duly sworn, deposes and says that: |
| 1. He is the | (Official title) | of the  | (Name of fraternal benefit society) | , |
| a fraternal benefit society formed under the laws of the State of  |  | ; |
| 2. He is the duly appointed official custodian of the Articles of Incorporation or Association, Constitution, By-laws, Rules and Regulations of said Society; and |
| 3. The certificate(s) rider(s) or endorsement(s) hereto and filed for approval herewith are in full compliance with the provisions and requirements of those Articles of Incorporation or Association, Constitution, By-laws, Rules and Regulations. |
|  |
|  |  |
|  | (Official Title) |
|  |
| Subscribed and sworn to |  |
| before me this |  | day of |  |
|  | , | 19 |  | . |
|  |
|  |  |
| Notary Public |  |
| My Commission expires |  | , | 19 |  | . |