**2024 Sons of Norway / Sons of Norway Foundation**

**Code of Ethics and Conflict of Interest**

**Disclosure Statement**

I have read the Sons of Norway Code of Ethics and Conflict of Interest Policy (“Policy”) and agree to comply fully with its terms and conditions. If at any time following the submission of this Statement, I become aware of any actual or potential conflicts of interest, violations of the Policy, or if the information provided below becomes inaccurate or incomplete, I will promptly notify Sons of Norway Staff as set forth below.

**Name:** Date:

(please print)

**Position:** (check all applicable positions)

\_\_\_\_ International Officer or Director \_\_\_\_ Employee

\_\_\_\_ District President \_\_\_\_ Insurance Professional/ Agent

\_\_\_\_ Foundation Officer or Director \_\_\_\_ Key Consultant

**Affirm the following:**

* I have received a copy of the Code of Ethics and Conflict of Interest Policy. \_\_\_\_\_\_\_\_\_ (initial)
* I have read and understand the Policy. \_\_\_\_\_\_\_\_\_ (initial)
* I agree to comply with the Policy. \_\_\_\_\_\_\_\_\_ (initial)
* I understand that the Internal Revenue Service requires charitable organizations to implement, update and consistently monitor compliance with a Code of Ethics and Conflict of Interest Policy in order to maintain its federal tax-exempt status. \_\_\_\_\_\_\_\_\_ (initial)

**Required Disclosures:**

Please answer each of the following questions with respect to the time period specified. If the answer to any question is “yes”, or if you wish to offer additional information, please use the reverse side of this form. Additional pages may be attached if more space is needed. Please sign any attachments. The term “immediate family member” is defined to include your spouse, parents, children, siblings, mother-in-law and father-in-law, son-in-law and daughter-in-law, and brother-in-law and sister-in-law (including any person who does not bear any such relation on the date hereof but bore such relation to you during the last twelve (12) months).

1. In the past twelve (12) months, did you receive any remuneration (salary, fee, bonus or other form of compensation) from any organization, other than Sons of Norway or the Sons of Norway Foundation, for employment or consulting or any other form of service?

**Yes ( )** I receive commission income from other companies.

**Yes ( )** Other

**No ( )**

1. In the past twelve (12) months, did you or any member of your immediate family have any position with or substantial interest in any business enterprise which does business with Sons of Norway or the Sons of Norway Foundation? **Yes ( ) No ( )**
2. In the past twelve (12) months, did you or any member of your immediate family receive any compensation for negotiating, procuring, or recommending any business transaction involving Sons of Norway or the Sons of Norway Foundation? **Yes ( ) No ( )**
3. In the past twelve (12) months, did you or any member of your immediate family receive any compensation, commission, or finder’s fee in connection with any investment, loan, scholarship, or grant provided by or obtained by Sons of Norway or the Sons of Norway Foundation? **Yes ( ) No ( )**
4. In the past twelve (12) months, did you or any member of your immediate family receive any gift or gratuity **(in excess of U.S. $100)** in connection with the position you occupy? **Yes ( ) No ( )**
5. In the past twelve (12) months, did you or any member of your immediate family render any managerial or consultative services to any outside entity that does business with or is a competitor of Sons of Norway or the Sons of Norway Foundation, except with knowledge, consent, and approval of the International Board of Directors? **Yes ( ) No ( )**
6. In the past twelve (12) months, did you or any member of your immediate family knowingly compete with Sons of Norway or the Sons of Norway Foundation in a manner that might be to the detriment of Sons of Norway or the Sons of Norway Foundation? **Yes ( ) No ( )**
7. In the past twelve (12) months, did you or any member of your immediate family use or disclose any confidential information obtained from Sons of Norway or the Sons of Norway Foundation for personal profit or advantage? **Yes ( ) No ( )**
8. In the past twelve (12) months, have you been involved or otherwise have information related to a matter that may impact your ability to objectively perform the duties of your position? **Yes ( ) No ( )**
9. Are there any legal proceedings adverse to Sons of Norway or the Sons of Norway Foundation pending or anticipated in which you, an immediate family member or any entity listed by you in response to the questions above are a party? **Yes ( ) No ( )**
10. During the past five (5) years have you been convicted in a criminal proceeding or are you now the named subject of a pending criminal proceeding, excluding traffic violations and other minor offenses?

**Yes ( ) No ( )**

1. Is there anything that has not been asked in this questionnaire that you believe should be disclosed or, in cases of uncertainty about whether or not a conflict of interest exists, please indicate the specific circumstances and the matter will be referred for review. **Yes ( ) No ( )**

Please provide additional information for any “yes” answer on the reverse side of this form or with additional sheets (signed and dated).

Please review, fully complete, and return this form to Tu Hornstra via mail (1455 West Lake Street, Minneapolis, MN 55408) or scan/e-mail to ([thornstra@sofn.com](mailto:thornstra@sofn.com)) by December 20, 2024.

I acknowledge that I have read and understand the Policy and hereby confirm the accuracy of the answers to the above questions. I will promptly inform the Sons of Norway CEO or Legal Counsel of any changes that may occur in the information disclosures after the date hereof.

**Name:** **Date:**

(signature)

Date of Internal Processing and Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_