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VERIFICATION

I, Michael L. Pisula, hereby state that I am Actuary for
(Name) (Position)
Phoenix Benefits Group and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **BOROUGH OF BLAWNOX's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S § 4904 relating to unsworn falsification to authorities.

hl
Signature

6/12/2015
Date

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VERIFICATION

I, Steve Feaster hereby state that I am President of
(Name) (Position)
Feaster Pension Consulting, Inc. and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **BOROUGH OF BLAWNOX's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Steve Feaster
Signature

11-3-15
Date

VERIFICATION

I, Jim Calabrese, hereby state that I am an Account Manager for
(Name) (Position)
Mass Mutual Life Ins. Co. and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **BOROUGH OF BLAWNOX's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Jim Calabrese
Signature

11/8/15
Date

VERIFICATION

I, Judy Eppich, hereby state that I am V.P. Administration for
(Name) (Position)
Guggenheim Life & Annuity and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **BOROUGH OF BLAWNOX's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Judy Eppich
Signature
11/12/15
Date