

6. Names and addresses of attorneys employed by or cooperating with the plan who will perform legal services in New Jersey:

7. Names and addresses of those persons serving on the governing body of the plan:

8. Are attorneys who provide legal services under the plan:

- (a) employed on salary (b) retained on fee basis for services rendered or
 (c) otherwise remunerated _____

If the answer is (c), set forth the arrangement for remuneration:

I hereby certify that the foregoing statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____

Attorney Supervising and Responsible for the Professional
Services Rendered by the Plan

I hereby certify that the foregoing statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____

Principal Officer or Person in Charge of the Plan