



**ACKNOWLEDGEMENT OF RECEIPT  
OF  
INVESTMENT DISCLOSURE INFORMATION**

The undersigned Participant hereby acknowledges receipt from

\_\_\_\_\_  
Print Employer's Name

of a copy of the subject disclosure, for the purpose of informing the undersigned of the objectives, risks, historical risk compensation, and operational parameters of the various investment media provided by the Pooled Trust of the California Dentists' Guild, Comerica Bank, Pool Trustee.

The undersigned further understands that in such investment media, professional investment advisors may be appointed by the Guild and may be acting thereby.

Additionally, the undersigned acknowledges that the selection of investment media for her or his individual account, whether for initial investment or subsequent changes, is the responsibility of the Participant, and not the Employer.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To Employer: Please submit original signed copy to:**

**California Dentists' Guild  
1700 Broadway, Suite 701  
Oakland, CA 94612**