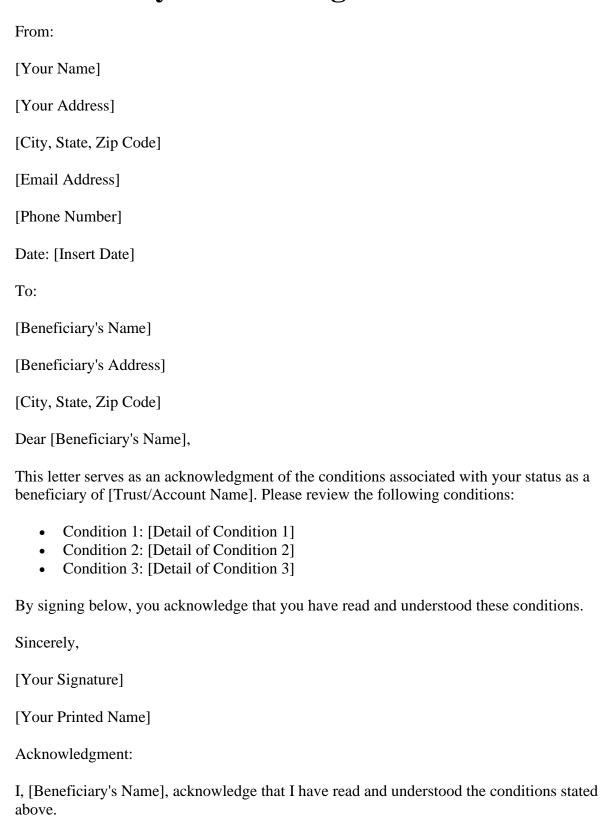
Beneficiary Acknowledgment of Conditions



Signature:	Date	·