

Date: [Insert Date]

To: [Insert Name of Compliance Officer/Department]

From: [Insert Name of Employee/Manager]

Subject: Designation of Covered Position Portfolio

Dear [Insert Name],

In accordance with the [Insert Company/Regulatory Body Name] policies regarding personal investment activities and the management of "Covered Positions," this letter serves as formal notification of the portfolio designation for the following individual:

Employee Name: [Insert Name]

Employee ID: [Insert ID Number]

Department: [Insert Department]

Position/Title: [Insert Title]

The following accounts and/or investment portfolios have been identified as containing "Covered Positions" and are subject to the reporting and pre-clearance requirements outlined in the [Insert Name of Policy/Manual]:

Account Number	Financial Institution	Account Type
[Insert Number]	[Insert Institution Name]	[e.g., Brokerage/Trust]
[Insert Number]	[Insert Institution Name]	[e.g., Brokerage/Trust]

By signing below, the undersigned acknowledges that they understand the restrictions associated with these covered positions, including but not limited to holding periods, black-out periods, and disclosure obligations.

Please update your records to reflect this designation effective [Insert Effective Date].

Sincerely,

[Insert Name of Employee]

Approved By:

[Insert Name of Compliance Officer]

[Date signed]