

DSRA Secretary issues Word copy of this form for completion as appropriate.



DSRA CONFLICT OF INTEREST QUESTIONNAIRE

Text boxes expand as needed when text is entered.

1. Have you read, understand and agree to comply with the content and the spirit of the DSRA Conflict of Interest Policy?

Yes No (enter "X" as appropriate)

After you have read the DSRA Conflict of Interest Policy, please respond to the following:

2. Do you or an immediate family member have a financial or business interest in or receive compensation from a business or organization with which the DSRA does business, received payments for property, goods, or services or is negotiating to do business with the DSRA and/or the DSRA Benefit Trust (VEBA)?

Yes No

If yes, identify the business or organization and the nature of the interest.

3. Are you a voting member of the DSRA Benefit Trust (VEBA) Committee or other organization representing Delphi Salaried Retirees or retirees in general?

Yes No

If yes, please confirm in writing here the date that you will resign your position with the DSRA Benefit Trust (VEBA) Committee if you are elected, or continue to serve, as a Director of DSRA, and detail membership of any other Boards or Committees related to retirees.

4. Do you receive compensation from or have an interest in any company that performs audits of non-profit organizations?

Yes No

If yes, please list those companies and the nature of the association with the auditing company.

5. Do you or an immediate family member serve on the Board of Directors, Board of Trustees, Advisory Boards, or other governing bodies of any Corporations, Organizations, or Institutions?

Yes No

If yes, list all corporations, organizations, or institutions on whose governing bodies or advisory boards you currently serve. Please identify the nature of the organization's business, and whether that organization does business or is involved in litigation with the DSRA.

6. Are you a member of any organization which has goals and objectives which are in direct conflict of those of the DSRA?

Yes No

If yes, list those organizations and the nature of your relationship with those organizations.

7. Are there any legal proceedings adverse to the DSRA pending or anticipated in which you, an immediate family member, or any entity listed by you in response to the above questions are a party?

Yes No

If yes, please list them below.

8. During the past five years have you been convicted in a criminal proceeding or are you now the named subject of a pending criminal proceeding (excluding traffic violations and other minor offenses)?

Yes No

If yes, please provide the details below.

I, the undersigned, have answered the above questions truthfully and completely and understand that my responses may be subject to independent verification. I also have read the DSRA Conflict Of Interest Policy and agree to the compliance of its requirements.

Signed:

Signed, or typed if submitted with email

Date:

Name:

Typed or printed name

When completed this form should be submitted electronically attached to an email, or mailed as hard copy, to the DSRA Secretary.

CHANGE HISTORY LOG

REV	APPROVAL	DESCRIPTION OF CHANGE
000	2010-03-04	Initial App'l for DSRAFORM 104A
001	2010-07-06	Reformatted for electronic completion
002	2010-08-22	Added ref. to DSRA Benefit Trust in Q2, ref. to verification in sign-off.
003	2010-09-07	Q3 added re: voting membership of DSRA Benefit Trust Committee.
004	2011-05-12	Q3 modified re: dual Board membership
005	2011-07-21	New DSRA logo
006	2014-01-02	Formatting updated