

# **FIDUCIARY DUTY ACKNOWLEDGMENT AND WAIVER**

Date: [Insert Date]

To: [Insert Name of Recipient/Entity]

Address: [Insert Address]

From: [Insert Name of Releasing Party]

Address: [Insert Address]

## **1. ACKNOWLEDGMENT**

The undersigned hereby acknowledges that a fiduciary relationship exists or may exist between [Name of Fiduciary] ("Fiduciary") and [Name of Beneficiary] ("Beneficiary") in connection with [Describe Transaction, Project, or Relationship]. The Beneficiary acknowledges that the Fiduciary is required to act in the best interests of the Beneficiary regarding this matter.

## **2. DISCLOSURE OF CONFLICT**

The Beneficiary has been fully informed and understands that the Fiduciary has the following potential or actual conflicts of interest: [Insert Description of Conflict].

## **3. WAIVER OF LIABILITY**

With full knowledge of the facts and circumstances, the Beneficiary hereby voluntarily and knowingly waives any claims, demands, or causes of action against the Fiduciary arising from the aforementioned conflict of interest. The Beneficiary agrees to waive the Fiduciary's duty of absolute loyalty solely to the extent necessary to allow the Fiduciary to proceed with [Describe Specific Action or Transaction].

## **4. INDEPENDENT ADVICE**

The Beneficiary acknowledges that they have had the opportunity to seek independent legal and financial counsel before signing this waiver and are doing so of their own free will.

## **5. GOVERNING LAW**

This waiver shall be governed by and construed in accordance with the laws of [Insert State/Jurisdiction].

Agreed and Accepted by:

\_\_\_\_\_  
[Signature of Beneficiary/Releasing Party]

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[Printed Name]

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[Date Signed]