COMMONWEALTH PLAN OF ADJUSTMENT
PENSION BENEFITS COUNCIL CORP.

UNSWORN DECLARATION
UNDER PENALTY OF PERJURY

FOR THE PERIOD FROM JUNE 1, 2025 THROUGH JUNE 30, 2026

I, Felix Figueroa Correa as Responsible Person[1] or authorized representative of _____ the Responsible Person, hereby declare, under penalty of perjury pursuant to 28 U.S.C. § 1746, that the following statements are true and correct to the best of my knowledge and belief:

1. I am a Responsible Person or authorized representative of the Responsible Person as established under the Guidelines for the Governance and Administration of the Puerto Rico Plan of Adjustment Pension Reserve Trust and Monitoring of Plan of Adjustment Pension Benefits (the "Guidelines").

2. I have received, read, and understand the applicable Guidelines and the related policies adopted by the Council (the "Policies"), including without limitation the Conflict of Interest Policy, Public Disclosure Policy and the Code of Conduct and Ethics Policy. I reviewed the Policies at the time of my appointment or contractual engagement and annually thereafter as required.

3. To the best of my knowledge and belief, except as more fully explained in **Exhibit A** attached hereto, during the audit period that started on July 1st, 2025 to June 30, 2026 (the "Audit Period")[2] and to the extent applicable to me as a Member of the Council or an independent contractor:
    a. I have performed all duties with the care, skill, prudence, and diligence required of a prudent person in a like capacity and under similar circumstances, to the extent applicable.

    b. I have fulfilled all applicable fiduciary and governance duties with integrity, independence, and transparency, to the extent applicable.

    c. Furthermore, I have not accepted or maintained any outside employment or contractual relationship that would impair my integrity or independence or judgment, to the extent applicable.

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[1] Any person serving as a member of the Benefits Council, officers, executive employees, advisors, consultants and independent contractors hired by the Benefits Council whose compensation exceeds $5,000 per year.
[2] For any Responsible Person who did not serve as, or perform services as or on behalf of, a Responsible Person during the entire Audit Period, including any person whose appointment, engagement, resignation, termination, or expiration of service occurred during the Audit Period, this declaration shall apply only to the portion of the Audit Period during which such person served or performed services in such capacity.

d. I have conducted myself with honesty and have observed the highest ethical standards in all dealings related to Trust matters.

e. I have complied with all federal securities laws and SEC rules and did not engage in insider trading or misuse of non-public information received from the Government of Puerto Rico or from the Pension Reserve Trust, to the extent applicable.

f. I have not disclosed confidential or non-public information or used such information for unauthorized purposes or personal benefit.

g. I have not issued or caused the Council to issue any false information, certifications or documents.

h. I have completed the required annual conflict of interest disclosure form.

i. I have reported and disclosed any actual or potential conflict of interest within ten (10) days of becoming aware of the matter, including those involving any Council member, myself, or any family member.

j. I have abstained from participating or voting on any matter before the Council where a conflict of interest or the appearance of one existed, to the extent applicable.

k. I have reported any suspected violations of the Guidelines and Policies and have cooperated fully in any related investigations. Furthermore, I did not engage in or condone any acts of retaliation against any person who made a good faith report of misconduct or violation of the Policies.

l. I have safeguarded all Trust assets against theft, misuse, carelessness, and waste. Furthermore, I have used Trust assets solely for legitimate Trust-related business purposes.

m. I have not solicited or accepted any benefit, gifts, loans, gratuities, entertainment, or items from any party in violation of the Policies.

n. I have not illegally exploited my official position or any Trust resources for personal gain or for the benefit of any private person or business.

o. I have not participated in the execution or approval of contracts in which I or any family member had a direct or indirect monetary interest.

p. I have not intervened in the hiring, promotion, compensation, or contracting of any family member.

q. I have not engaged in any political activities, expressed or implied, in violation of the restrictions established in the Policies, including facilitating political contributions or endorsements or the placement of Trust assets with any individual or entity that has made prohibited political contributions.

Exhibit A attached hereto is an integral and material supplement to this unsworn declaration and is hereby incorporated by reference in its entirety as if fully set forth herein.

I acknowledge and affirm that this declaration imposes upon me a continuing obligation to promptly disclose or inform the Council of any new facts, circumstances, relationships, or information that come to my attention after the date of this declaration which may render any part of this declaration inaccurate, incomplete, or otherwise affected.

I further agree to supplement or amend this declaration, in writing, within ten (10) days of becoming aware of any such development, to maintain the ongoing truthfulness, completeness, and accuracy of this declaration.

I make this declaration freely, knowingly, and without any reservation, and I understand that any knowing misrepresentation or false statement may subject me to removal and referral for criminal prosecution as provided under applicable laws.

Pursuant to 28 U.S.C. § 1746, to the best of my knowledge and belief, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 1 day of July, 2026.

Signature: _____

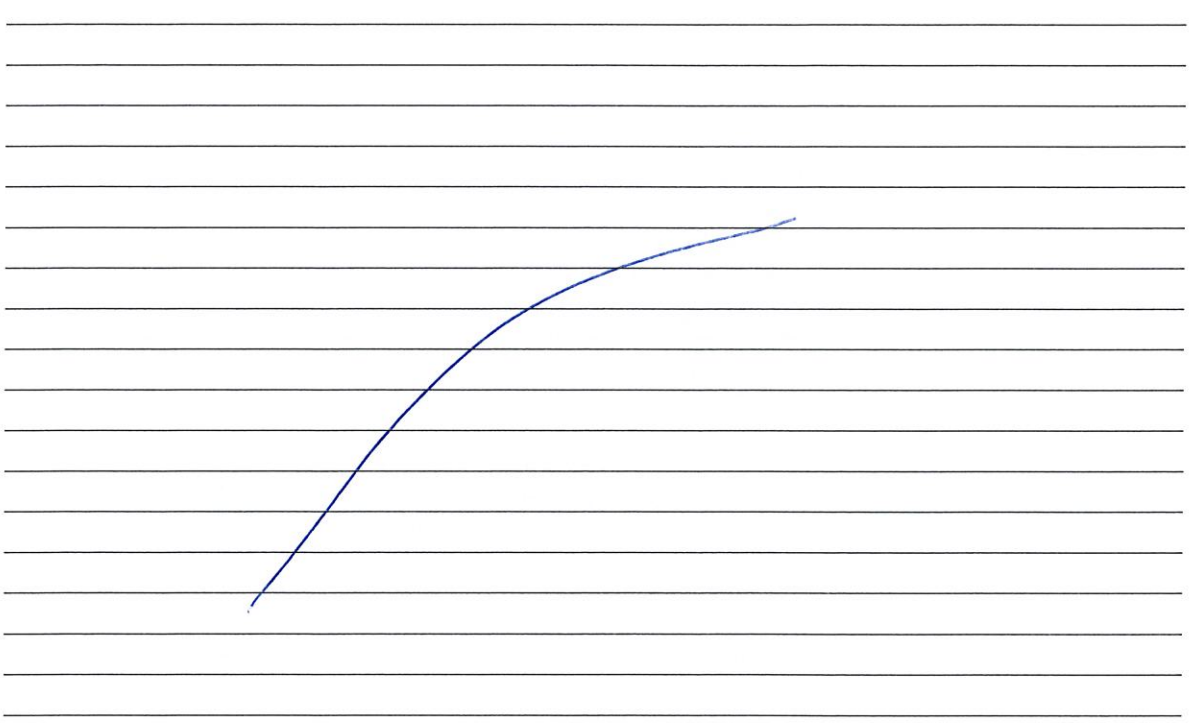
Name: Felix Figueroa Correa

Title of Responsible Person: Member

Exhibit A

Additional disclosures regarding the Unsworn Declaration under Penalty of Perjury

Please disclose any clarification or additional information regarding the representations made in paragraph 3 of the Unsworn Declaration under Penalty of Perjury or check below if you have no information to disclose. If you need additional space, please attach a separate sheet.



_____ I hereby affirm that I have no information to disclose.

Executed on this _____ day of _____, 2026.

Signature: _____

Name: _____

Title of Responsible Person: _____