

**Corient Services Health and Welfare Benefit Plan
ADOPTION AGREEMENT**

IN WITNESS WHEREOF, the undersigned authorized representative of Corient Services LLC and, if not the Employer, the aforementioned Plan Sponsor as identified in Exhibit A, hereby certifies that the Corient Services Health and Welfare Benefit Plan was duly adopted on the date shown below. Together the Plan Document, SPD(s), and other Coverage Contract(s) constitute the Plan. The undersigned further certifies that the Exhibits and associated attachment(s) are true and accurate representations of the benefits offered through (as well as their respective supporting documents) and participating employers in the Corient Services Health and Welfare Benefit Plan as identified in Exhibit A, and is hereby approved and adopted.

Date: 2/26/2024

By: *Ride Saucedo* Corient Services LLC
Its: *Manager of Benefits*