On the anniversary of your access to your restricted data set we ask that you provide the following information.

1. A short report describing how you have used the restricted data.

2. A description of any changes or modifications in your research plan or in your data protection plan.

3. Copy of and citations for any papers, publications or presentations using the restricted data.

4. Additions or changes to the list of authorized users. A Supplemental User Agreement must be completed and signed for each new user (Form #7 (2), included below). To remove an authorized user from your project, submit a Supplemental User Termination Form (Form #7 (3), included below).

If you have questions about the recertification process, do not hesitate to contact:

Rebeca Wong
Mexican Health and Aging Study
Sealy Center on Aging
Galveston TX 77555-0177

Phone: 409.266.9661
Fax: 409.772.1968
Email: rewong@utmb.edu
Please note that you are to submit one original, signed copy of this document.

The undersigned Research Staff, in consideration of their use of Restricted Data from the Mexican Health and Aging Study (MHAS), agree:

a. That they have read the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study, the Research Plan and Restricted Data Protection Plan incorporated by reference into it.
b. That they are "Research Staff" within the meaning of the Agreement.
c. To comply fully with the terms of that Agreement, including the Restricted Data Protection Plan incorporated by reference into it.

The undersigned Restricted Data Investigator agrees that the persons designated herein are Research Staff within the meaning of the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study.

RESEARCH STAFF:

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RESTRICTED DATA INVESTIGATOR:

__________________________  _______________________
Signature                  Date

________________________________________
Typed Name

________________________________________
Title
Please note that you are to submit one original, signed copy of this document.

As the Restricted Data Investigator to Mexican Health and Aging Study (MHAS) restricted data agreement ________________ at ________________________________, I certify by my signature below that the following supplemental users no longer have access to MHAS restricted datasets licensed under this agreement.

Name: __________________________________________

Role: __________________________________________

Date of Access Termination: __________

Name: __________________________________________

Role: __________________________________________

Date of Access Termination: __________

Name: __________________________________________

Role: __________________________________________

Date of Access Termination: __________

RESTRICTED DATA INVESTIGATOR:

________________________________________          __________
Signature                                           Date

________________________________________
Typed Name

________________________________________
Title

August 2016