Date : Mar. 4th, 2021	
Your Name : Rong-Ze Wang	
Manuscript Title : <u>Inco</u>	me and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if known) :_	ATM-21-344

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	30 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	
	ose summarize the above co	nflict of interest in the following box:	
		following statement to indicate your agreement: ered every question and have not altered the wording of any of the questions	on '

Date : Mar. 4th, 2021	
Your Name: Yu-Xiang Yang	
Manuscript Title : <u>Inco</u>	me and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if known) :_	ATM-21-344

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	
	ose summarize the above co	nflict of interest in the following box:	
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Date : Mar. 4th, 2021	
Your Name : Hong-Qi Li	
Manuscript Title : <u>Inco</u>	me and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if known) :_	ATM-21-344

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Dayment or heneralis for		
	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		V. Nava	
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
•	pending	<u></u>	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or	^ None	
1.0	Advisory Board	V No.	
10	Leadership or fiduciary role	X None	_
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
lea	se summarize the above co	nflict of interest in the fo	llowing box:
N	one		
Plea	se place an "X" next to the	following statement to ir	dicate your agreement:
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v	Leartify that I have answ	ared every question and	have not altered the wording of any of the questions on
-^		ered every question and	mave not aftered the wording of any of the questions on
	form.		

Date : Mar. 4th, 2021	
Your Name: Xue-Ning Sher	
Manuscript Title : <u>In</u>	come and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if known)	:ATM-21-344

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1	All College		planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	
	ose summarize the above co	nflict of interest in the following box:	
		following statement to indicate your agreement: ered every question and have not altered the wording of any of the questions	on '

Date : <u>Mar. 4th, 20</u>	021
Your Name : Shi-Dong	Chen
Manuscript Title :	Income and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if kr	nown): ATM-21-344

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Dayment or heneralis for		
	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		V. Nava	
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
•	pending	<u></u>	
	penang		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	^ None	
1.0	Advisory Board	V No.	
10	Leadership or fiduciary role	X None	_
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
lea	se summarize the above co	nflict of interest in the fo	llowing box:
N	one		
Plea	se place an "X" next to the	following statement to ir	dicate your agreement:
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v	Leartify that I have answ	ared every question and	have not altered the wording of any of the questions on
-^		ered every question and	mave not aftered the wording of any of the questions on
	form.		

Date : <u>Mar. 4th, 202</u> 2	1
Your Name : Mei Cui	
Manuscript Title :	Income and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if know	wn):ATM-21-344

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Dayment or heneralis for		
	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		V. Nava	
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or	^ None	
1.0	Advisory Board	V No.	
10	Leadership or fiduciary role	X None	_
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
lea	se summarize the above co	nflict of interest in the fo	llowing box:
N	one		
Plea	se place an "X" next to the	following statement to ir	dicate your agreement:
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	form.		

Date : <u>Mar. 4th, 202</u>	<u>1</u>
Your Name : Yi Wang	
Manuscript Title :	Income and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if kno	wn):ATM-21-344

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	medical writing, article		
	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Dayment or heneralis for		
	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		V. Nava	
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or	^ None	
1.0	Advisory Board	V No.	
10	Leadership or fiduciary role	X None	_
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
lea	se summarize the above co	nflict of interest in the fo	llowing box:
N	one		
Plea	se place an "X" next to the	following statement to ir	dicate your agreement:
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v	Leartify that I have answ	ared every question and	have not altered the wording of any of the questions on
-^		ered every question and	mave not aftered the wording of any of the questions on
	form.		

Date : Mar. 4th, 2021	
Your Name : Qiang Dong	
Manuscript Title : <u>Inc</u>	ome and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if known)	:ATM-21-344

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3	Royalties or licenses	X None	
4	Consulting fees	X None	
5		X None	

	Dayment or heneralis for		
	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		V. Nava	
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or	^ None	
1.0	Advisory Board	V No.	
10	Leadership or fiduciary role	X None	_
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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13	Other financial or non-	X None	
	financial interests		
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	form.		

Date : Mar. 4th, 2021	
Your Name : <u>Jin-Tai Yu</u>	
Manuscript Title : <u>Inc</u>	ome and Alzheimer's disease: a Mendelian randomization study
Manuscript number (if known)	ATM-21-344

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
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manuscript writing or educational events Payment for expertXNone Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Safety Monitoring Board Monitoring Safety Monitoring Board or Advisory Board Monitoring Safety Monitoring Safet	
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group, paid or unpaid	
11 Stock or stock options X None	
12 Receipt of equipment, X None	
materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non X None	
financial interests	
Please summarize the above conflict of interest in the following box:	
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Please summarize the above conflict of interest in the following box: None	
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None Please place an "X" next to the following statement to indicate your agreement:	
None	ons or