# City of Spokane
## Bank Questionnaire

### Section 1: Bank Information

| Bank Name: | __________________________________________ |
| Address:   | __________________________________________ |
| Phone:     | __________________________________________ |

Are you a Public Depository approved by the Washington Public Deposit Protection Commission (RCW 39.58)?

- [ ] Yes
- [ ] No

What is your bank’s net worth? _________________________________

### Section 2: Operations

<table>
<thead>
<tr>
<th>Primary Representative</th>
<th>Manager/Partner-in-charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Title:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Phone:</td>
<td>__________________________</td>
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</tbody>
</table>

Identify at least two representatives who will be quoting rates to the City.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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</table>

What hours are account representatives available to quote rates?

__________________________

How far in advance can rates be quoted? ________________________________

On what basis are rates quoted? ___________________ Days

Does interest compound?

- [ ] Yes
- [ ] No

If yes, how often? ____________________________
Have the account representatives listed above read and understand the City of Spokane Investment Policy?

Yes ☐ No ☐

Will you provide written confirmation of purchases?

Yes ☐ No ☐

Will interest earned be confirmed at maturity?

Yes ☐ No ☐

Identify at least two representatives who will confirm interest at maturity.

Name Phone

________________________________________

________________________________________

________________________________________

Section 3: References

Please provide the following information regarding comparable clients, in Washington State, with whom the representatives listed above has an established relationship.

1) Contact person: ______________________ Phone: ________________
   Client Name: ________________________________________________
   Address: __________________________________________________
   Length of relationship: ______________________________________

2) Contact person: ______________________ Phone: ________________
   Client Name: ________________________________________________
   Address: __________________________________________________
   Length of relationship: ______________________________________

3) Contact person: ______________________ Phone: ________________
   Client Name: ________________________________________________
   Address: __________________________________________________
   Length of relationship: ______________________________________
Section 4: Compliance Information

Describe the precautions taken by your firm to protect the interests of the public when dealing with governmental agencies as investors.

How are fails resulting from a Bank error handled?

Please send your most recent annual report including an audited financial statement.

Certification

I hereby certify that I have personally read the investment policies and objectives of the City of Spokane and have implemented reasonable procedures and a system of controls designed to preclude imprudent investment activities arising out of transactions conducted between our firm and the City of Spokane. All Sales personnel assigned to your account will be routinely informed of your investment objectives, horizon, outlook, strategies and risk constraints whenever we are so advised. We will notify you immediately by telephone and in writing in the event of a material adverse change in our financial condition. We pledge to exercise due diligence in informing you of all foreseeable risks associated with financial transactions conducted with our firm. I attest to the accuracy of our responses to your questionnaire.

Signed: ___________________________ Date: ________________
Title: ________________________________
Bank Name: __________________________