

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

Primary Representative

Manager/Partner-in-charge

Name: _____

Title: _____

Phone: _____

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

Name

Phone

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: _____