# City of Spokane
## Broker/Dealer Questionnaire

### Section 1: Firm Information

<table>
<thead>
<tr>
<th>Firm Name:</th>
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</thead>
<tbody>
<tr>
<td>Regional office:</td>
<td>Phone:</td>
</tr>
<tr>
<td>National office:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Does your firm maintain an office in the State of Washington?

- [ ] Yes
- [ ] No

### Section 2: Account Representatives

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

Identify all personnel who will be trading with or quoting securities to the City of Spokane.

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

Indicate which of the above agents currently are licensed, certified or registered, and by whom.

<table>
<thead>
<tr>
<th>Agent</th>
<th>Licensed or registered by</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td></td>
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</tbody>
</table>
Have they been authorized by your firm to be account representatives for the City of Spokane?
   Yes ☐   No ☐

Have the account representatives listed above read and understand the Washington Revised Statues relating to investments?
   Yes ☐   No ☐

Have the account representatives listed above read and understand the City of Spokane Investment Policy?
   Yes ☐   No ☐

Section 3: Investment Information

Is your firm a member of NASD?
   Yes ☐   No ☐

Place an “X” by each regulatory agency that your firm is examined by and/or subject to its rules and regulations.
   FDIC ☐   SEC ☐   NYSE ☐

Does your firm have all required licenses to operate as a broker/dealer in the State of Washington?
   Yes ☐   No ☐

If you are not a Bank, please provide the following information regarding your principal banking relationship.
   Bank Name:________________________________________
   Address:__________________________________________
   Person to contact:__________________________________
   Length of relationship:______________________________

Are you a financial institution approved by the Washington Public Deposit Protection Commission (RCW 39.58)?
   Yes ☐   No ☐

Are you a primary dealer as recognized by the Federal Reserve Bank?
   Yes ☐   No ☐

If so, for how long has your firm been a primary dealer?_________Years
Are you a non-primary dealer qualified under US Securities and Exchange Commission Rule 15C3-1 and the Uniform Net Capital Rule?

Yes ☐ No ☐

Section 4: Business Activities

What was your firm’s total volume in US Government and agency securities trading last year?

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Transactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm-wide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional office</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the capital line and trading limits that support/limit the office that would conduct business with the City of Spokane.


Do you participate in the SPIC insurance program? If not, explain why not.


How many and what percentage of your transactions failed?

Last month? ______________________________

Last year? ______________________________

Which instruments are offered regularly by your local desk?

- ☐ T-bills
- ☐ Municipals
- ☐ Treasury notes/bonds
- ☐ BAs (domestic)
- ☐ Agencies (specify)
- ☐ BAs (foreign)
- ☐ CDs
- ☐ Commercial paper
- ☐ CMOs
- ☐ Remics
- ☐ Mortgage-backed
- ☐ Repo including TriParty
- ☐ Other _____________________________
Does your firm specialize in any of the above instruments? If so, please specify.

Please provide the following information regarding comparable clients, in Washington State, with whom the representatives listed in Section 2 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 5: Compliance Information
Has your firm ever been subject to a regulatory or state or federal agency investigation for alleged improper, fraudulent, disreputable or unfair activities related to the sale of government securities or money market instruments? Have any of your employees ever been so investigated? Explain.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4
Has a client ever claimed that your firm was responsible for investment losses? Explain.________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please explain your normal custody and delivery process. Who audits these fiduciary systems?________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Has your firm consistently complied with the Federal Reserve Bank’s capital adequacy guidelines? As of this date, does your firm comply with the guidelines? Has your capital position ever fallen short? By what factor (1.5x, 2x, etc.) does your firm presently exceed the capital adequacy guidelines?________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Is there a compliance officer and who does the position report to? What compliance procedures are in place?________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

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

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
<table>
<thead>
<tr>
<th>Section 6: Business Support</th>
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<tbody>
<tr>
<td>What research reports do your firm regularly provide to public-sector clients?</td>
</tr>
</tbody>
</table>

| What reports, transactions, confirmations and paper trails will you provide? |

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

Firm Name: __________________________