Nancy K. Kopp State Treasurer

Bernadette T. Benik Chief Deputy Treasurer

Broker/Dealer Request for Information

Section I: Statement of Position and General Requirements

The Maryland State Treasurer's Office (STO) invests consistent with the laws of the State of Maryland. The STO manages an operational portfolio which averages eight billion dollars. The portfolio is comprised mainly of U.S. Treasury and Agency obligations in addition to REPO and selected money market instruments. The STO has adopted a written Investment Policy which regulates the standards and procedures used in its cash management activities. A copy of the Investment Policy is attached as an Appendix to this document.

The STO maintains relationships with qualified members of the broker/dealer community who, in the Office's opinion, understand the needs, constraints, and goals of the State of Maryland.

Broker/dealers will be notified of their approval by the STO in writing. No transactions will be conducted with an approved broker/dealer until all paperwork required by both parties has been executed. The STO solicits competitive bids and offers on the majority of its transactions. All securities purchased will be delivered against payment to the third-party custodian designated by the STO. STO personnel will review and substantiate all information and references requested in this document; therefore, please answer all questions as thoroughly as possible.

Section II: Request for General Information from Broker/Dealer Candidate

- 1. FIRM:
- 2. STREET & MAILING ADDRESS:
- 3. HEADQUARTERS STREET & MAILING ADDRESS:

| | 1. | NAME: TITLE: | |
|----|--|---|--|
| | | PHONE: EMAIL: | |
| | 2. | NAME: TITLE: | |
| | | PHONE: EMAIL: | |
| | 3. | NAME: TITLE: PHONE: EMAIL: | |
| 5. | PERSONNEL BACKGROUND: Please provide background information concerning account representatives listed in #4. Please include information on the individual's employment history a it relates to the securities industry, official licenses and certificates, the history and details of any disciplinary actions or complaints and the disposition of each as well as the history of any arbitration or litigation, the nature of the case and status or disposition. | | |
| 6. | compa | PARABLE CLIENTS: Please provide the following information regarding at least four rable clients with whom any of the representatives listed in #4 has an established aship. Comparable Public Sector Clients are preferred. | |
| | 1. | CLIENT NAME: ADDRESS: | |
| | | PERSON TO CONTACT: PHONE: LENGTH OF RELATIONSHIP: | |
| | 2. | CLIENT NAME: ADDRESS: | |
| | | PERSON TO CONTACT: PHONE: | |
| | 2 | LENGTH OF RELATIONSHIP: | |
| | 3. | CLIENT NAME: ADDRESS: | |

4. CONTACT and AUTHORIZED PERSONNEL:

PERSON TO CONTACT: PHONE: LENGTH OF RELATIONSHIP:

4. CLIENT NAME: ADDRESS:

PERSON TO CONTACT:

PHONE:

LENGTH OF RELATIONSHIP:

- 7. PLEASE LIST THE REGULATORY AGENCY(IES) THAT MONITOR YOUR FIRM AND WILL OVERSEE YOUR ACTIVITIES IN THE STATE OF MARYLAND.
- 8. DO THE ASSIGNED PERSONNEL AND THE FIRM HAVE ALL THE REQUIRED LICENSES TO FUNCTION AS BROKER/DEALERS IN THE STATE OF MARYLAND?
- 9. PRINCIPAL BANKING RELATIONSHIP:

BANK NAME:

ADDRESS:

PERSON TO CONTACT:

PHONE:

LENGTH OF RELATIONSHIP:

- 10. MATERIAL LITIGATION: Has there been any material (required disclosure on your financial statements) litigation, arbitration or regulatory proceedings, either pending, adjudicated or settled, that your firm has been subject to within the last five years that involved issues concerning the suitability of the sale or purchase of securities to institutional clients or fraudulent or unfair practices related to the sale of securities to an institutional client? If so, please describe each matter briefly.
- **11. FINANCIALS:** Please provide certified audited financial statements for the last three years. In addition, please provide your most recent Focus Report.

Section III: Certification

| I hereby certify that the above is true and correct to the best of my knowledge. I am a |
|---|
| registered principal of the firm. Furthermore, I certify that all contact personnel will read |
| and abide by the Maryland State Treasurer's Office Investment Policy. |

| Name of Firm: | |
|-----------------------|--|
| Signature: | |
| Printed Name & Title: | |
| Date: | |

Section IV: Attachments

1. Maryland Code 6-222

http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=gsf§ion=6 222&ext=html&session=2013RS&tab=subject5

2. Maryland State Treasurer's Office Investment Policy

http://www.treasurer.state.md.us/media/18990/investment_policy.pdf

3. Authorized Maryland State Treasurer's Office Personnel

http://www.treasurer.state.md.us/media/18999/authorized_investment_personnel.pdf