

APPENDIX A
JACKSON COUNTY, OREGON
BROKER/DEALER QUESTIONNAIRE

Date Completed:

SECTION 1: GENERAL INFORMATION ABOUT THE FIRM

Firm Name:

Address:

Please select which best describes your firm: [Select From List](#)

Has your firm consistently met the Securities and Exchange Commission (SEC) Rule 15C3-1 (uniform net capital rule) over the past year? Yes No

How long has your firm been in the investment services field? _____ years.

SECTION 2: INFORMATION ABOUT THE SALES REPRESENTATIVES

Primary Sales Representative:

Toll Free Telephone Number:	Alternate Telephone Number:
E-Mail Address:	CRD Number:
Supervisor's Name:	Telephone Number:

Secondary Sales Representative:

Toll Free Telephone Number:	Alternate Telephone Number:
E-Mail Address:	CRD Number:
Supervisor's Name:	Telephone Number:

Alternate Sales Representative (if applicable):

Toll Free Telephone Number:	Alternate Telephone Number:
E-Mail Address:	CRD Number:
Supervisor's Name:	Telephone Number:

Attach a resume for each sales representative that will cover the account.

SECTION 3: LEGAL ACTION

To the best of your knowledge, has there been any “material” 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 such matter briefly. For purposes of this question, proceedings are “material” if your independent accountant applying generally accepted accounting principles determines that such proceedings required disclosure in your financial statements.

Yes (attach explanation) No

SECTION 4: FOR NEW BROKERS ONLY

INVESTMENT SELECTION

- US Treasury, Agency and Instrumentality securities
- Corporate Bonds and Commercial Paper
- Bankers Acceptances
- Municipal Bonds
- Other, please describe:

Does your firm regularly provide any inventory sheets and/or research reports to public sector clients?

Yes (please provide a copy) No (please provide a similar document)

TRADING RELIABILITY

How many and what percentage of your transactions failed during the last 12 months?

Number of Transactions Percentage of Total %

REFERENCES

Please list three local governmental references in the State of Oregon.

1. Entity Name

Contact Name/Title

Contact Phone

Length of relationship with reference years months.

2. Entity Name

Contact Name/Title

Contact Phone

Length of relationship with reference years months.

3. Entity Name

Contact Name/Title

Contact Phone

Length of relationship with reference years months.

BROKER/DEALER CERTIFICATION

A separate certification must be completed by each sales representative that will cover Jackson County's account

- 1. I have read Jackson County's Investment Policy and the statutes of the State of Oregon pertaining to the investments of public funds.**
- 2. I certify on behalf of my firm that the firm has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between Jackson County and my firm that are not authorized by Jackson County's Investment Policy.**
- 3. I pledge to exercise due diligence in (a) informing Jackson County's investment personnel of all foreseeable risks associated with financial transactions conducted with our firm; and (b) ensuring that the types of securities and the length of maturity of those securities purchased by Jackson County from my firm are authorized under State law and Jackson County's Investment Policy.**