

CITY OF ALBUQUERQUE
Broker/Dealer Information Form

Date: _____

1. Name of Firm: _____

2. Address: _____

3. Telephone No. (____) _____

FAX No. () _____

4. Primary Representative/Manager/Partner-in-Charge:

Name: _____

Title: _____

Phone#: () _____

FAX #: () _____

eMail: _____

5. Are you a primary dealer in U.S. securities? ☐ yes ☐ no

6. If so, how long have you been a primary dealer? _____ yrs.

7. Are you registered in New Mexico? ☐ yes ☐ no

8. Volume of U.S. Government & Agency securities traded last year:

Your Office: \$ _____ Transactions: _____

Your Firm: \$ _____ Transactions: _____

9. Which instruments are offered regularly by your desk?

☐ T-Bills ☐ BAs (Eligible-Domestic)

☐ Treasury Notes/Bonds ☐ Commercial Paper

☐ Bank CDs-Collateralized

Agencies/Instruments (specify):

_____	_____
_____	_____

Other (specify):

_____	_____
_____	_____

10. Describe the research capabilities of your firm. Include the use of subscription services (Bloomberg, etc) as well as in-house facilities and publications provided to public sector clients.

11. Identify all personnel who will be trading with or quoting securities to City Treasury employees.

NAME	TITLE	PHONE # ()
		()
		()

12. Which of the above personnel have read the City of Albuquerque Investment Policy?

13. Have any of your public sector clients ever sustained a loss on a securities transaction arising from a misunderstanding or misrepresentation of the risk characteristics of the instrument?

No ____ Yes ____ (If so, please explain on separate sheet.)

14. 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 working with the City of Albuquerque been investigated?

No ____ Yes ____ (If yes, please explain on separate sheet.)

15. 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 currently exceed the capital adequacy guidelines? Include documentation of your capital adequacy as measured by the Federal Reserve standards. (Use separate sheet.)

16. Do you participate in the SIPC insurance program?

Yes ____ No ____ (If not, please explain on separate sheet.)

17. Please explain your normal custody and delivery process. Who audits these fiduciary systems? What reports, transaction confirmations and paper trails are normally provided to the public sector clients? (Use separate sheet.)

18. Please provide certified financial statements and other indicators regarding your firm's capitalization.

19. Do you follow the authorized sales practice rules, including those governing suitability, written by the National Association of Securities Dealers (NASD)?

(Yes or No) _____

20. Describe portfolio and related information you require from your clients. (use separate sheet.)

CERTIFICATION

I hereby certify that I have personally read the investment policies and objectives of the City of Albuquerque (City) 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. Any investment recommendation made to the City will be done so on a reasonable belief that it is suitable, based on facts disclosed by the City as to its financial situation, its other security holdings and its investment policy. I understand that the City reserves the right to pursue compensatory and punitive damages in a New Mexico Court of Law for any unsuitable investment recommendation. All sales personnel will be routinely informed of the City's investment objectives, horizon, outlook, strategies, risk constraints and other policy changes whenever we are so advised. We will notify the City of Albuquerque Treasurer immediately by telephone/fax and in writing in the event of a material adverse change in our financial condition. We pledge to exercise due diligence in informing the City of all foreseeable risks associated with financial transactions conducted with our firm. I attest to the accuracy of our responses to the City of Albuquerque Broker/Dealer Information questionnaire.

Signed: _____ Date: _____

Countersigned by City of Albuquerque, Treasury Division:

Signed: _____ Date: _____

Please submit completed questionnaire with attachments to:

City of Albuquerque -Treasury Division, Attn: Susan Biernacki
P.O. Box 17
Albuquerque, New Mexico 87103

Treasury Division Contacts:

Susan Biernacki, Ass't Treasurer (505) 768-4537
Cilia Aglialoro, Treasurer, (505) 768-3309
FAX #: (505) 768-3447