

**City of Lexington, North Carolina
Broker/Dealer Questionnaire**

Section I – Part I: Request for General Information from Broker/Dealer

1. Name of firm _____

2. Address – Local _____

Headquarters _____

(Provide both street address and/or P.O. Box No., if applicable.)

3. Telephone No. (Local) _____

(Toll-free) _____

(Headquarters) _____

Fax No. _____

4. Contact personnel: (Provide as an attachment if more space is required.)

Name _____

Title _____

Telephone No. _____

Fax No. _____

Email _____

4a. Please provide background information concerning the account representatives listed in No. 4 above. Please include information on the individual's employment history as it relates to the securities industry, official licenses and certificates (please provide NASD Central Registration Depository Number, if applicable), 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.

5. Please provide the following information regarding at least four comparable clients with whom any of the representatives listed in No. 4 has an established relationship. We would prefer public sector clients in North Carolina comparable in size, if possible.

Client Name _____

Address _____

Person to contact _____

Telephone No. _____

Email _____

Length of relationship _____

Client Name _____

Address _____

Person to contact _____

Telephone No. _____

Email _____

Length of relationship _____

Client Name _____

Address _____

Person to contact _____

Telephone No. _____

Email _____

Length of relationship _____

Client Name _____

Address _____

Person to contact _____

Telephone No. _____

Email _____

Length of relationship _____

6. Has/have the representative(s) listed in No. 4 been authorized by the firm to be account representative(s) for the City?

Yes _____ No _____

If yes, by whom? _____

7. Please list the name and contact information of the immediate supervisor of the account representative(s) named in your response to No. 4.

7a. Briefly describe any formal program of supervision of the account representative(s) named in No. 4., if your firm has established such a program.

8. Is your firm a member of NASD? Yes _____ No _____

If yes, please provide Central Registration Depository No. _____

If not, why?

9. Place an "X" by each regulatory agency that your firm is examined by and/or subject to its rules and regulations.

FDIC _____ SEC _____ NYSE _____

Comptroller of Currency _____ Federal Reserve System _____

Other _____

(Please attach proof of FINRA certifications)

10. Have you obtained all required licenses to operate as a broker/dealer in the state of North Carolina?

Yes _____ No _____

(Please attach proof of state registration)

11. If you are not a Bank, please provide the following information regarding your principal banking relationship.

Bank Name _____

Address _____

Person to contact _____

Telephone number _____

Email _____

Length of relationship _____

12. Place an "X" in the block next to each of the instruments set forth below in which you make an active market (both buy and sell).

T-Bills	_____	T Notes/Bonds	_____
BA	_____	Commercial Paper	_____
Bank CDs	_____	S&L CDs	_____
GNMAs	_____	FHLMCs	_____
FHLBs	_____	FNMAAs	_____
FFCBs	_____		

Other Instruments (Please Specify) _____

13. Does your firm specialize in any of the instruments listed above? If so, please specify which ones.

Section I – Part II: Request for Broker/Dealer Candidate Disclosure

1. 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 as a separate attachment. For purposes of this section, proceedings are "material" if your independent accountant applying generally accepted accounting principles determines that such proceedings required disclosure on your financial statements.
2. Please provide the most recent certified audited financial statements. In addition, for those dealers preparing and submitting financial statements to the following organizations, please provide the most recent publicly available financial documents filed with these agencies:

National Association of Securities Dealers
Securities and Exchange Commission
New York Stock Exchange
Federal Deposit Insurance Corporation

3. Please describe and provide evidence of insurance coverage.

4. Have the representative(s) assigned to the City's account read, understand and agree to comply the City's Investment Policy?
Yes _____ No _____

Section II: Certification

I hereby certify that the above is true and correct to the best of my knowledge and that I am authorized to execute this request for information on behalf of _____ (*Name of Firm*).

Name of Firm _____

By _____

*Title _____

Date _____

*NOTE: A registered principal of your firm must sign the foregoing form.