COUNTY OF ORANGE

OFFICE OF THE COUNTY TREASURER SHARI L. FREIDENRICH, TREASURER-TAX COLLECTOR



BROKER-DEALER APPLICATION

BROKER-DEALER NAME:

Section I: STATEMENT OF POSITION AND GENERAL REQUIREMENTS

The County of Orange Treasurer-Tax Collector will annually review the financial condition, services provided, and registration of broker-dealers that are authorized to provide financial services to the County in order to determine whether these broker-dealers should remain on the County's "Approved Provider List." In addition, the County may periodically solicit requests from brokers not on the approved list to apply for consideration and also receives unsolicited requests for broker-dealers to be considered for approval.

As part of this process, the County also provides each broker-dealer with a copy of the County's most current "Investment Policy Statement" and a certification form. Each broker-dealer is required to complete and submit the certification form as proof that it has received the County's "Investment Policy Statement," read it, and intends to comply with it.

Section II: APPLICATION REQUIRED DOCUMENTATION

The County must <u>receive</u> the following documents from each prospective only broker-dealer and annually from each approved broker-dealer within 60 days of year-end:

- ✓ A completed Broker-Dealer Application (only during open application period)
- ✓ A copy of the firm's most recent audited <u>Annual Report</u>
- ✓ A copy of the firm's current Form BD Status Report
- ✓ A copy of wiring and delivering instructions (only new broker-dealers)
- ✓ MSRB Rule G-37 filing for the past 48 months
- ✓ Levine Act (Campaign Contribution Disclosure Form)

Also, in the case of a regional broker:

A copy of the firm's most recent SEC Form X-17 A-5 "Focus Report" (in the case of a non-bank) or most recent Consolidated Reports of Condition and Income for A Bank With Domestic and Foreign Offices – FFIEC 031 (in the case of a bank)

These documents may be delivered in person, by mail, or by courier to:

Mailing Address: Physical Address:

County of Orange Attn: Treasurer-Tax Collector Post Office Box 4515 Santa Ana, California 92702-4515 County of Orange Attn: Treasurer-Tax Collector 601 North Ross Street CAS Mailroom Santa Ana, California 92701

If a currently authorized broker-dealer fails to submit the above-referenced documents by the specified deadline, then the County may suspend all business dealings with that broker-dealer until the form is received, and may elect to terminate its business relationship with the broker-dealer.

If you have any questions about this application, please email questions to ocinvestments@ttc.ocgov.com.

Section II: APPLICATION FOR AUTHORIZED BROKER-DEALER

1.	Name of Firm	CRD#		
2.	Address (Local)	(National Headquarters)		
3.	Has your firm operated under a different business nar the name, date of the name change, and the reason fo			
4.	Telephone No. (Local)	(National Headquarters)		
5.	Primary Representative:	Manager/Partner-in-Charge		
	Name: Title: Telephone No.: Fax No.: E-Mail: No. of years in Institutional Sales: No. of years with firm: CRD #:	Name: Title: Telephone No.: Fax No.: E-Mail: No. of years in Institutional Sales: No. of years with firm: CRD #:		
6.	Are you a Primary Dealer in U.S. Government Securi	ties? Yes No		
7.	Are you a Regional Dealer in U.S. Government Secur	rities? Yes No		
8.	If your firm <u>IS NOT</u> a primary dealer, has it consistently complied with the Federal Reserve Bank's capital adequacy guidelines over the last 12 months? (check one) Yes No			
8a.	Is your firm licensed to operate in California?			
	Yes No			
9.	Are you a Broker instead of a Dealer, i.e. you <u>DO NOT</u> own positions of Securities?			
	Yes No			
10.	What is the net capitalization of your Firm?			
11.	What is the date of your Fiscal Year-End?			
12.	Is your Firm owned by a Holding Company? If so, w	what is its name and net capitalization?		

13.	3. Do you participate in the SIPC Insurance program? If not, please explain.				
14. [Which of the following in T-Bills BA's (Domestic) Supranationals	struments does your local desk Treasury Notes/Bonds Medium-Term Notes Agencies (list each)	offer regularly? Discount Notes Commercial Paper		
15.	Which of the above does	your Firm specialize in Market	ing?		
16. Please identify your most directly comparable Local Agency clients in our geographical area.					
	Entity	Contact Person	Telephone No.	Client Since	
17.	7. What reports, transactions, confirmations, statements and other items would we receive (we only require monthly statements by mail and would ask to suppress printing and mailing of trade confirmations as we use Bloomberg for all trades and print the approved trade ticket)?				
18.	8. Please include samples of research reports or market information that your firm regularly provides to local agency clients. Please include what types of communication or method of delivery (i.e., e-mail, FAX, portal etc.). Please include any other services that you offer that we may be interested in.				
19.	What precautions are take government agencies as in	en by your Firm to protect the vestors?	e interest of the public	when dealing with	

20.	adjudicated, or se	ettled within the last 12 mornfair activities related to the ts? (check one)	nths, that involved alle	ory proceedings, either pending, gations of improper, fraudulent, rethe purchase of securities from riefly.	
21.	What precaution government agen		protect the interest o	f the public when dealing with	
22.	2. Attach certified documentation of your capital adequacy and financial solvency. In addition, an audited financial statement must be provided within 120 days of your fiscal year-end.				
23.	Please indicate	a percentage breakdown of	your client base by po	rtfol	
24.	principal arising	from a misunderstanding or new recommended by and pure	nisrepresentation of the		
25.		ble for any investment losses		thin the last five years, that your briefly.	
48.	Is the Primary Me	ember, or other member in the	e local office, an Assoc	iate member of the following:	
	Yes No	<u>Organization</u>	How Long	Member Name	
		CMTA:			
		APT of the US & Canada:			
		CACTTC:			

49. What training would you provide for our employees and investment officers?

28.	What portfolio information do you prefer from your clients?			
29.	9. No Broker/Dealer of security firm shall be selected who has, within any consecutive 48-month period, made a political contribution in an amount exceeding the limitations contained in Rule G-37 of the Municipal Securities Rulemaking Board, to the local treasurer or any member of the Board of Supervisors or to any candidate for these offices. Please provide a current copy of your firm's MSRB Rule G-37 filing. In addition, we will need you to complete the County's Campaign Contribution Disclosure (Levine Act) form.			
30.	Does your firm meet the County minimum capitalization of \$10 million and five years of operation? (check one)			
31.	Yes No If approved as a Broker/Dealer, the County would annually send your firm the Investment Policy Statement (IPS), are you willing to provide annual written confirmation of the IPS's receipt and to make the best efforts to distribute the IPS to your brokers who handle our accounts?			
	Yes No			
	te: If you wish to provide more complete answers than space permits, please reference question mbers on an attachment.			
	tion III: CERTIFICATION (may be provided on a separate sheet, and we have provided sample guage below)			
our <u>Inst</u> awa	have received and read the Orange County current Investment Policy Statement. As of the date hereof, firm meets the requirements as shown in section XI. <u>Authorized Financial Dealers and Qualified citutions</u> of your Investment Policy Statement. All salespersons covering your account will be made are of this Investment Policy Statement, and will be directed to give consideration to its provisions and straints in selecting investment opportunities to present to the County of Orange.			
	TE: Completion of Application is only part of County's application process and <u>DOES NOT</u> arantee or imply that the applicant will be approved to do business with the County.			
SIC	SNED: NAME (print):			
DA	TE:			
CO	UNTERSIGNED: NAME (print):			
DA	TE:			