

**WYOMING STATE TREASURER'S OFFICE
BROKER/DEALER DUE DILIGENCE
QUESTIONNAIRE**

THE QUESTIONNAIRE IS TO BE COMPLETED BY THE FIRM'S COMPLIANCE OFFICER.

COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE OR GUARANTEE APPROVAL OR ELIGIBILITY TO DO BUSINESS WITH THE WYOMING STATE TREASURER'S OFFICE. This form is part of our due diligence review of Broker/Dealers to ensure compliance with our policies. Upon receipt of the properly completed due diligence questionnaire, an evaluation of the data will determine if your firm meets our qualification standards. The Wyoming State Treasurer's Office reserves the right to determine broker qualifications for trade execution and to limit the number of Broker/Dealers used in accordance with the needs of the Office. **Addition to the approved broker list does not constitute an obligation of the Wyoming State Treasurer's Office to assign any trades to a Broker/Dealer.**

Date of Application:

Name of Firm:

Local Address:

Telephone Number:

Compliance Officer

Name:

Title:

Telephone Number:

Number of Years with Firm:

REPRESENTATIVE INFORMATION:

Please list all employees that will trade with or quote securities on behalf of the State of Wyoming:

Primary Representative

Name:
Title:
Telephone Number:
CRD #:
Number of Years with Firm:
Number of Years with Institutional Fixed Income Sales:

Firm Representative

Name:
Title:
Telephone Number:
CRD #:
Number of Years with Firm:
Number of Years with Institutional Fixed Income Sales:

Firm Representative

Name:
Title:
Telephone Number:
CRD #:
Number of Years with Firm:
Number of Years with Institutional Fixed Income Sales:

Firm Representative

Name:
Title:
Telephone Number:
CRD #:
Number of Years with Firm:
Number of Years with Institutional Fixed Income Sales:

Firm Representative

Name:
Title:
Telephone Number:
CRD #:
Number of Years with Firm:
Number of Years with Institutional Fixed Income Sales:

FIRM OVERVIEW:

1. Legal Structure:
Corporation Sole Proprietorship Partnership Joint
Venture Other: _____
2. Please provide the full names of principal owners.
3. If a publicly owned company, please provide top ten principal owners.
4. If a privately held company, please provide complete ownership structure.
5. Please provide an organizational chart illustrating the firm's parent company and any subsidiaries with an explanation of the parent company's ownership arrangement, if applicable.
6. What is the net capitalization of the firm?
 - a. Please provide the most recent Focus report.
7. How long has the firm been in the Broker/Dealer business?
8. What is the date of the firm's fiscal year-end?
9. Does the firm have a disaster recovery plan? Yes No
If yes, please give a short explanation:
10. What value added services can the firm and its employees provide?
11. If the State of Wyoming only had one broker/dealer, what would make this firm uniquely qualified to be that broker/dealer? (Describe firm, pricing, execution, etc)

LICENSES, REGISTRATIONS, AND CERTIFICATIONS HELD:

1. Are the firm and the account representatives registered with the Securities Exchange Commission? Yes No How Long? _____
2. Does the firm carry Full SIPC insurance coverage? Yes No
If yes, please provide evidence.
3. Is the firm a member of FINRA? Yes No CRD # _____
4. Is the firm a member of the NYSE? Yes No
5. Is the firm and its representatives registered with the State of Wyoming?
Yes No
6. Please provide written proof or copies of current licenses, registrations, and certifications held.

TRADING ACTIVITY:

1. Is the firm a primary dealer or a regional dealer?
2. Are you a Broker instead of a Dealer, i.e. you do NOT own positions of Securities? Yes No
3. Is the firm an inventory dealer? Yes No
 - a. If yes, does the firm take a position in securities they buy and sell? Yes No
4. Does the firm use a clearing agent, or does it self-clear:
5. If the firm uses a clearing agent, provide the name of the firm. Also, describe the nature of the relationship and provide financial and any other relevant information (company brochures, audited financial reports, etc) for that firm.

6. Which of the following instruments are offered regularly by the local desk?
- Government
 - Agency
 - Corporate
 - Mortgage Backed
 - Asset Backed
 - Money Market Instruments
 - Other Core Fixed-Income Products:
7. Does the firm specialize in any of the instruments listed above? Yes No
If yes, which ones?
8. Does the firm have on-site, in-house trading capabilities? Yes No

COMPLIANCE:

1. Has the firm or any employees trading with or quoting securities to the State of Wyoming undergone any disciplinary action, fines, suspension or revocation of licenses within the last five years? Yes No
If yes, please explain:

2. Has the firm been involved in any past or pending litigation in reference to business/trade practices? Yes No
If yes, please describe the circumstances and the outcome. .

3. Is the firm in compliance with applicable Federal and State laws related to conducting business as a Broker/Dealer? Yes No

4. Please provide an Annual Financial Statement. An Annual Financial Statement is required each year for brokers/dealers on the Wyoming State Treasurer's Office approved broker list.

REFERENCES:

1. Please provide a list of names, addresses, and phone numbers, of institutional clients similar to the State of Wyoming that may be contacted. The list should include a mix of references for the firm as well as the primary representative.

OFFICIAL COMPANY CERTIFICATON:

QUESTIONNAIRE:

I, _____, hereby certify that the information
(Print name of Compliance Officer)
provided to the Wyoming State Treasurer's Office through this Broker/Dealer Due Diligence Questionnaire is true to the best of my knowledge.

Signature

Date

INVESTMENT POLICY:

I, _____, hereby certify that the I have received and
(Print name of Primary Representative)
read the State of Wyoming's Investment Policy.

Signature

Date