

OFFICE OF THE ILLINOIS STATE TREASURER

Counterparty Questionnaire

Please fully complete this profile and attach any documentation to support the information provided. All information provided is subject to independent verification by the Treasurer's Office. The Treasurer's Office reserves the right to request additional information before accepting the firm as a counterparty qualified to do business with the Treasurer's Office.

(For any question that does not apply to your firm, please indicate by "N/A" in the response)

I. BACKGROUND

Name of Firm _____

Primary Illinois Address _____

Company Headquarters Address _____

Number of employees in Illinois offices: _____

Number offices in Illinois: _____

Number of employees company-wide: _____

Primary Contact _____ Secondary Contact _____

Title _____ Title _____

Phone _____ Phone _____

Email _____ Email _____

Address _____ Address _____
(If other than above) (If other than above)

II. KEY PERSONNEL

Note all personnel who will be trading with or quoting securities to the Treasurer's authorized investment staff.

Name	Registration Type	Phone	CRD#

III. FIRM PROFILE

Are you a member of the Financial Industry Regulatory Authority (FINRA)? Yes No

If yes, please note the number of years _____

Are your key personnel registered with FINRA and licensed by the State of IL? Yes No

What was your firm’s total trading volume in U.S. Government & Agency securities last year?

	Treasury	Agency
Company-wide (\$)		
# of transactions		

Which instruments are predominately offered by your firm?
(Indicate by designation percentage of total business allocated to each type.)

Treasury Instruments	_____	%
U.S. Agencies	_____	%
Repurchase Agreement	_____	%
Commercial Paper	_____	%
Taxable Municipal Bonds	_____	%
Money Market Funds	_____	%
Corporate Bonds	_____	%
Supranational Bonds	_____	%
_____	_____	%
_____	_____	%

Has your firm ever been notified by a regulatory, state or federal agency that it has conducted improper, fraudulent, disreputable or unfair activities related to the sale of any securities or money market instructions? Yes No

Does your firm or any of its employees have litigation pending that would materially impact the firm’s business? Yes No

If yes, please attach explanation. (Background information verified through FINRA)

Has your firm consistently complied with SEC’s net capital adequacy guidelines? Yes No

For the most recent filed quarter report, did your firm report a profit? Yes No

For the most recent filed annual report, did your firm report a profit? Yes No

For the most recent filed quarter report, what was the total asset size reported? _____

For the most recent filed annual report, what was the total asset size reported? _____

IV. ALL FIRMS: OWNERSHIP

Is your firm incorporated? Yes No

If yes, please note:

- a. Where? _____
- b. Is it publicly traded? Yes No
 - If yes, name of parent company _____
- c. Is it privately held? Yes No

V. ALL FIRMS: DIVERSITY PROFILE

If your firm is not incorporated or privately held, it is an aspirational goal of the Treasurer's office to use qualified counterparties that can demonstrate or attest that (1) greater than 50% of the ownership interest of the firm is held by qualified veterans of the armed forces of the United States, qualified service-disabled veterans, minority persons, women, or persons with a disability (MWVD), OR (2) greater than 75% of the firm's senior managers are qualified veterans of the armed forces of the United States, qualified service-disabled veterans, minority persons, women, or persons with a disability (MWVD).¹

Firms that meet our ownership and diversity thresholds (greater than 50% for ownership or greater than 75% for management) and seek to claim preferential status must submit at least one of the following:

1. State of Illinois Certification – Provide proof of a current State of Illinois certification.²
2. Attestation Form: Claiming Status as a Minority, Woman, Veteran, or Disabled-Owned or Managed Firm – Provide a completed copy of the Attestation Form signed by the General Partner of the firm.

Does your firm seek to claim status as an MWVD-owned or -managed firm?³ Yes No

All applicants, regardless of whether your firm seeks to claim MWVD status or not, are required to complete the Diversity Profile Form, which is available as a separate document.

¹ As referenced herein, the terms "minority person," "woman," "person with a disability," and "business owned by a person with a disability" have the meanings provided in Section 1 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, [30 ILCS 575](#); (2) the terms "veteran," "qualified veteran-owned small business," "qualified service-disabled veteran-owned small business," "qualified service-disabled veteran," and "armed forces of the United States," have the meanings provided in Article 1 of the Illinois Procurement Code, [30 ILCS 500](#).

² A State of Illinois Certification is a granted by the Illinois Department of Central Management Services to a Minority Business Enterprise, a Female Business Enterprise, or a Person with Disabilities Enterprise under the Business Enterprise Program ([30 ILCS 575](#)), or to a Service-Disabled Veteran-Owned Business or a Veteran-Owned Business under the Veterans Business Program ([30 ILCS 500/45-57](#)).

³ If your firm already submitted proper documentation and received notification from the Illinois State Treasurer's Office certifying its MWVD status, please select "yes". If your firm seeks to claim MWVD status but did not submit proper documentation and receive notification from the Illinois State Treasurer's Office certifying its MWVD status, please select "yes" and contact the Treasurer's Office to execute this process.

VI. CERTIFICATION

I hereby attest that the foregoing responses to the Counterparty Questionnaire of the Illinois State Treasurer's Office are true and correct, and any misrepresentations are subject to penalties under applicable state and federal laws.

Signed: _____

Position: _____

Firm: _____

Date: _____