



## **BROKER QUESTIONNAIRE**

### **For Firms Executing Transactions With or on Behalf of OPERS**

Firms interested in executing equity, fixed income, derivatives, currency or other transactions with or on behalf of OPERS must complete this questionnaire and provide updated materials to OPERS as requested.

Upon receipt of a fully completed questionnaire, OPERS will evaluate the application, and in conjunction with OPERS trading service provider needs, determine if a firm will be further reviewed for approval to provide services to OPERS.

Being approved by OPERS does not create an obligation by OPERS to enter into an agreement or to execute transactions with a firm. OPERS reserves the sole right and discretion to revise its assessment of a previously reviewed firm at any time, and without cause, and has no obligation to notify a firm of its change in status or the reasons there for.

#### **Instructions:**

Please complete the Broker Questionnaire in its entirety – including the checklist in Part IV. Document Request. Submit an electronic copy of completed form via e-mail, and forward the completed and signed form (including attachments) to:

**Ohio Public Employees Retirement System**  
**Attn: Mr. Prabu Kumaran**  
**Fund Manager**  
**277 East Town Street**  
**Columbus, OH 43215-4242**  
[opersbrc@opers.org](mailto:opersbrc@opers.org)



**Ohio Public Employees Retirement System**

**I. FIRM:**

Legal Name (FINRA): \_\_\_\_\_ Top Parent: \_\_\_\_\_  
 Street \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Company \_\_\_\_\_  
 Website: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Brief Description of Firm and Services Offered**

- A. Legal Structure
- |  |  |
|--|--|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership   |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Other: _____  |

B. Country/State of jurisdiction for legal organization \_\_\_\_\_

C. Are changes in your legal structure envisioned over the next twelve months?  Yes  No

D. Has there been a change to your legal structure in the last 5 years?  Yes  No

If Yes, please describe the change: \_\_\_\_\_

E. Public Credit/Counterparty Rating(s):

Agency	Rating	Type

F. Trade Delivery and Clearing Information:  
Broker Name as shown on DTC: \_\_\_\_\_

5-Digit DTC Broker Code: \_\_\_\_\_ DTC Clearing Broker Code: \_\_\_\_\_

Alert Code: \_\_\_\_\_

Equity CTM BIC(s): \_\_\_\_\_

Fixed Income CTM BIC(s): \_\_\_\_\_

Fed Delivery Instructions: \_\_\_\_\_



G. Firm Contacts

Name	Title	Department	Telephone	Facsimile	Email
		Sales & Trading			
		Operations			
		Accounting			
		Risk			
		Legal			
		Compliance			

**II. FIRM SERVICES (Please check the appropriate boxes):**

		Years Providing Services				Clearing Agent
		N/A	0-2	2-5	5+	
A.	Effecting Trades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• U.S. Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• U.S. Fixed Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• International Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Currency (Spot and Forwards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Exchange-traded Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• OTC Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• OTC Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B.	Clearing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	Settlement Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.	Post Trade Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Electronic Messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.	Research					
	• Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Fixed Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Other: _____					
G.	Trade Execution	<input type="checkbox"/> In-house traders		<input type="checkbox"/> Correspondent: _____		
H.	List in-house trading and electronic messaging/routing technologies and capabilities:					
	<input type="checkbox"/> FIX	<input type="checkbox"/> TradeWeb	<input type="checkbox"/> Market Axess	<input type="checkbox"/> SWIFT	<input type="checkbox"/> Other(s) _____	

**III. REGULATORY:**

A. Licenses, Registrations & Certifications

• SEC # \_\_\_\_\_ FINRA CRD # \_\_\_\_\_ MPID # \_\_\_\_\_

• Registered in Ohio: ORC 1707.15 (Dealer)  Yes  No

ORC 1707.16 (Salesperson)  Yes  No

• If you are not registered in Ohio:

○ Is your firm Domiciled outside of Ohio?  Yes  No

○ Do you conduct only Institutional Business in Ohio?  Yes  No

B. Is your firm under review or investigation by any regulatory body?  Yes  No

If yes, please attach a brief description of the review or investigation.

C. List of U.S. exchanges in which your firm is a member  NYSE  AMEX  CBOE



**Ohio Public Employees Retirement System**

- BSE                       CHX                       PHLX
- ISE                         NASDAQ                 Other \_\_\_\_\_

D. List the markets in which your firm would offer OPERS direct access \_\_\_\_\_

E. Majority woman owned - Is your firm owned (at least 51%) by a woman?     Yes    No

F. Ohio-Qualified Agent – Is/does your firm:

- 1) Subject to taxation under R.C. Chapter 5725, 5726, 5733, 5747 or 5751?     Yes  No
- 2) Maintain a principal place of business in Ohio?                                 Yes  No
- 3) Employ at least five Ohio residents?     Yes  No
- 4) A licensed dealer under Ohio securities laws                                       Yes  No

If you answer yes to all the above four questions please complete the Ohio Retirement Systems Ohio-Qualified Agent Certification located at:    <https://www.opers.org/about/vendor>

G. Minority business enterprise - Is your firm owned (at least 51%) by a United States citizen(s) who is:

- Black or African American,     Yes    No
- American Indian     Yes    No
- Hispanics or Latinos     Yes    No
- Asian     Yes    No

**IV. DOCUMENT REQUEST (Please provide the following with appropriate attachments):**

**Included?**

- A.     Year-end, audited financial statements for the past two years
- B.     Firm’s most current FOCUS Report
- C.     A chart of legal ownership and capital structure, showing affiliations to all related companies
- D.     If not a public firm, provide names and business addresses of owners (equity shareholders, members, general partners, limited partners, etc.)
- E.     Most recent SEC and FINRA reviews
- F.     List of all pertinent professional liability insurance coverage and provide certificate(s) of insurance
- G.     “Index” or “Table of Contents” for your Code of Conduct, Compliance Manual, Business Continuity Plan or similar documents
- H.     “Payment for order flow” arrangement(s) and/or commission sharing arrangements
- I.     Biographies of key personnel
- J.     Certificate of good standing to do business in Ohio from the Ohio Secretary of State at 614-466-2655 or at [Ohio Secretary of State webpage](#)



**V. QUESTIONNAIRE CERTIFICATION**

Are the firm, its principals, licensed personnel and key employees all in compliance with applicable Federal and State laws related to conducting business as a broker/dealer?  Yes  No

I certify the information given on this application is complete and accurate. I agree to update OPERS on changes to the information provided. I understand that brokerage approval by OPERS does not necessarily result in a contract or trading activity with OPERS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_