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
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
   - Corporation
   - Partnership
   - Limited Liability Company
   - Joint Venture
   - Sole Proprietorship
   - 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):
<table>
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<tr>
<th>Agency</th>
<th>Rating</th>
<th>Type</th>
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F. Trade Delivery and Clearing Information:
   Broker Name as shown on DTC: ___________________________
   5-Digit DTC Broker Code: _______________ DTC Clearing Broker Code: _______________
   Alert Code: _______________ OASYS Code: __________________
   Fed Delivery Instructions: __________________________________________________________
G. Firm Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
<th>Telephone</th>
<th>Facsimile</th>
<th>Email</th>
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<tbody>
<tr>
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<td>Sales &amp; Trading</td>
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<td>Compliance</td>
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</table>

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

<table>
<thead>
<tr>
<th>Agent</th>
<th>Effecting Trades</th>
<th>Years Providing Services</th>
<th>Clearing</th>
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<tbody>
<tr>
<td>A.</td>
<td>N/A</td>
<td>0-2</td>
<td>2-5</td>
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<td>U.S. Equities</td>
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<td>U.S. Fixed Income</td>
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<td>International Equities</td>
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<td>Currency (Spot and Forwards)</td>
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<td>Exchange-traded Derivatives</td>
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<td>OTC Equities</td>
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<td>OTC Derivatives</td>
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<td>Other:</td>
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B. Clearing Services | [ ] |
C. Settlement Services | [ ] |
D. Post Trade Matching | [ ] |
E. Electronic Messaging | [ ] |
F. Research |
| Equity | [ ] | [ ] | [ ] | [ ] | |
| Fixed Income | [ ] | [ ] | [ ] | [ ] | |
| Other: | [ ] | [ ] | [ ] | [ ] | |

G. Trade Execution | [ ] In-house traders | [ ] Correspondent: |

H. List in-house trading and electronic messaging/routing technologies and capabilities: 
- FIX | [ ] |
- TradeWeb | [ ] |
- Market Axess | [ ] |
- SWIFT | [ ] |
- 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
   - ☐ 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. ☐ Clearing firm’s most current FOCUS Report or Financial Statements (if different from the firm)
D. ☐ Clearing Agreement
E. ☐ Latest Form BD
F. ☐ A chart of legal ownership and capital structure, showing affiliations to all related companies
G. ☐ If not a public firm, provide names and business addresses of owners (equity shareholders, members, general partners, limited partners, etc.)
H. ☐ Most recent SEC and FINRA reviews
I. ☐ List of all pertinent professional liability insurance coverage and provide certificate(s) of insurance
J. ☐ “Index” or “Table of Contents” for your Code of Conduct, Compliance Manual, Business Continuity Plan or similar documents
K. ☐ “Payment for order flow” arrangement(s) and/or commission sharing arrangements
L. ☐ Biographies of key personnel
M. ☐ 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: ______________