



COUNTERPARTY 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 Counterparty 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



I. FIRM:

Counterparty Legal Name: _____ Top Parent: _____

Street Address: _____ City: _____ State: _____

Company Website: _____ Zip Code: _____

Contact Name: _____ Position: _____

Email: _____ Phone: _____

Brief Description of Firm and Services Offered

[Empty box for brief description of firm and services offered]

- A. Legal Structure
 - Corporation
 - Limited Liability Company
 - Sole Proprietorship
 - Partnership
 - Joint Venture
 - 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:
Counterparty Name as shown on DTC: _____

5-Digit DTC Code: _____ DTC Clearing Code: _____ Alert Code: _____

Equity CTM BIC(s): _____ Fixed Income CTM BIC(s): _____

Fed Delivery Instructions: _____

G. 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.



H. 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+	
i.	Effecting Trades					
	1. U.S. Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2. U.S. Fixed Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	3. International Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	4. Currency (Spot and Forwards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5. Exchange-traded Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	6. OTC Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	7. OTC Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	8. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a.	Clearing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Settlement Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Post Trade Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Electronic Messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Research					
	i. Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ii. Fixed Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	iii. 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) _____

If you are a FINRA registered broker-dealer, please complete section III. If not, proceed to Section IV.

III. REGULATORY:

- A. Licenses, Registrations & Certifications
- SEC # _____ FINRA CRD # _____ MPID # _____
 - CFTC Member NFA ID # _____
 - 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



Ohio Public Employees Retirement System

- B. List of U.S. exchanges in which your firm is a member NYSE AMEX CBOE
 BSE CHX PHLX
 ISE NASDAQ Other _____

C. List the markets in which your firm would offer OPERS direct access _____

- D. 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>

- E. 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

- F. Majority woman owned - Is your firm owned (at least 51%) by a woman? 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. A chart of legal ownership and capital structure, showing affiliations to all related companies
- C. If not a public firm, provide names and business addresses of owners (equity shareholders, members, general partners, limited partners, etc.)
- D. List of all pertinent professional liability insurance coverage and provide certificate(s) of insurance
- E. "Index" or "Table of Contents" for your Code of Conduct, Compliance Manual, Business Continuity Plan or similar documents
- F. Biographies of key personnel
- G. 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](#)
- H. Current Delivery Instructions

If FINRA registered:

- I. Firm's most current FOCUS Report
- J. Most recent SEC and FINRA reviews



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: _____