

**Section IX**

**MONTGOMERY COUNTY INVESTMENT POLICY AFFIDAVIT**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby certify that I am the registered principal of the above named business seeking to sell an authorized investment to Montgomery County.

I have received and have thoroughly reviewed the Montgomery County Investment Policy and have completed a questionnaire and returned it within the required time.

I acknowledge the above named business of which I am the registered principal has implemented reasonable procedures and controls in an effort to preclude imprudent investment activities arising out of investment transactions conducted between Montgomery County and my above named business.

I acknowledge that this instrument is transacted in compliance with Chapter 2256, Government Code as amended and effective September 1, 2019.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_.

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

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

Business Name: \_\_\_\_\_

**APPENDIX A**

**MONTGOMERY COUNTY  
Broker/Dealer Questionnaire**

**Please fill out all that apply in Appendix A and Appendix B, place a N/A in any section that does not apply.**

**NOTE: Failure to answer each question and provide applicable attachments where necessary may result in your application not being processed**

1. Firm name: \_\_\_\_\_

2. Address: \_\_\_\_\_

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

3. Primary Representative/Manager/Partner-in-charge:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Registered Principal:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Are you a primary dealer in U. S. Government securities? Yes No

6. What was your firm's total volume in U. S. Government and agency securities last year?

7. Identify which of the following instruments are offered by your local desk:

T-Bills

Treasury Notes/Bonds

Bank CD's

S&L CD's

Agencies (specify below:)  
\_\_\_\_\_

Others (specify below:)  
\_\_\_\_\_

8. Identify all personnel who will be trading with or quoting securities to our employees. Please provide names, titles, and telephone numbers.

_____	_____
_____	_____
_____	_____
_____	_____

9. Have all of the above listed people received our county's investment policies/strategies and the Public Funds Investment Act of Texas, and have they signed the county-provided statement that certifies they have read the above information and will abide by the laws and policies regulating our county? This must be accomplished before our county can authorize doing business with them.

\_\_\_\_\_

10. Please indicate which agents of your firm's local offices are licensed, certified, or registered and by whom. (FDIC, SEC, NYSE, Fed. Reserve Bank, FINRA)

Name:	Licensed or registered by
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Please provide references from at least four comparable public sector clients. We would prefer public sector clients located in the State of Texas.

Entity:	Contact:	Telephone:	Client Since:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Have any of your public sector clients ever sustained a loss on a securities transaction arising from a misunderstanding or misrepresentation of the risk characteristics of the instrument? (If yes, attach an explanation with client and contact person)

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13. Has a public-sector client ever claimed in writing that your firm was responsible for investment losses? (If yes, attach an explanation with client and contact person)

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14. Has your firm or any of your employees ever been subjected to a regulatory or state/federal agency investigation for alleged improper, fraudulent, disreputable or unfair activities related to the sale of the securities? (If yes, attach explanation with name of agency)

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15. How many and what percentage of your transactions failed last month? What were the reasons for failure? Please provide client name, contact person, and telephone number of the client involved in the failure.

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16. Last year? What were the reasons for failure? Please provide client name, contact person, and telephone number of the client involved with failure.

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17. Please explain your normal custody and delivery process. Who audits these fiduciary systems? In addition, please provide their contact information.

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18. What reports, transactions, confirmations and paper trail will we receive?

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19. Please include samples of research reports that your firm regularly provides to public-sector clients.

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20. What training would you offer for our employees and investment officers?

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21. What portfolio information do you require from your clients?

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22. Describe the precautions taken by your firm to protect the interests of the public when dealing with governmental agencies as investors.

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23. Please provide certified financial statements and other indicators regarding your firm's capitalization.

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24. Describe the capital line and trading limits that support/limit the office that would conduct business with our county.

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25. Does your firm consistently comply with the Federal Reserve Bank's capital adequacy guidelines?

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26. By what factor (1.5X, 2X, etc.) does your firm presently exceed the capital adequacy guidelines? Include certified documentation of your capital adequacy as measured by the Federal Reserve standards.

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27. Do you participate in the SIPC Insurance program? If no, attach explanation.

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28. Please enclose a complete schedule of fees and charges for various transactions.

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29. Does at least one nationally recognized Investment Rating Firm continuously rate the Pool, Mutual Fund or Money market?

Moody's:  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Standard and Poor's:  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Fitch:  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Other (specify):  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

30. Has the firm or has the primary representative(s) of the firm participated in the influence of legislative change that directly, or indirectly resulted in a financial gain to the firm or the primary member(s) of the firm? If yes, please attach explanation.

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31. Disclosures: Has the firm or has the primary representative(s) of the firm contributed to the election campaigns of any member of the Montgomery County Commissioners Court or Montgomery County Investment Committee? Does the firm or any primary representative(s) of the firm have any immediate family relationship or significant business relationship with any of the same members?

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**APPENDIX B**

**MONTGOMERY COUNTY  
Broker/Dealer Questionnaire  
For Money Market and Investment Pool funds**

**NOTE: Failure to answer each question and provide applicable attachments where necessary may result in your application not being processed**

**If you offer Money Market, Mutual Funds or Pool Funds, please answer the questions below:**

1. Firm name: \_\_\_\_\_

2. Address: \_\_\_\_\_

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

3. Primary Representative/Manager/Partner-in-charge:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Registered Principal:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Name of the Fund: \_\_\_\_\_

Website: \_\_\_\_\_

6. Who regulates the Pool/Fund? Are regulations and findings available for public access? If so, how?

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7. How are the Pools insured?

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8. What guarantees the county that you are only using government backed securities as collateralization on our funds?

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9. Whom would we report/complain to if we experience a loss with our funds in your Pool?

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10. Can you provide a copy of your most recent annual report? Note: An external audit report is necessary in order to have credibility.

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11. Please enclose a complete schedule of fees and charges for various transactions.

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12. Does at least one nationally recognized Investment Rating Firm continuously rate the Pool, Mutual Fund or Money market?

Moody's:  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Standard and Poor's:  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Fitch:  Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Other (specify):  Rating: \_\_\_\_\_ Date: \_\_\_\_\_