Section IX

MONTGOMERY COUNTY INVESTMENT POLICY AFFIDAVIT

Business Name:	
Address:	
Telephone:	
I hereby certify that I am the registered print to sell an authorized investment to Montgo	-
I have received and have thoroughly revie Policy and have completed a questionnaire	
I acknowledge the above named business of implemented reasonable procedures and convestment activities arising out of investment of investment activities arising out of investment activities arising activities arising out of investment activities arising activities are activities activities are activities activities are activities activitie	ontrols in an effort to preclude imprudent estment transactions conducted between
I acknowledge that this instrument is trans Government Code as amended and effective	•
Signed this day of	2025.
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/Mana	ger/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 followin	g instruments are offered by your local desk:		
	□T-Bills	☐ Agencies (specify below:)		
	☐Treasury Notes/Bonds ☐Bank CD's	Others (specify below:)		

8.		•	who will be trading and telephone nur	-	or quoting securities	s to our emp	ployees. Please
9.	Public that c regula	all of the above a Funds Investmentifies they have	ent Act of Texas, ve read the above	and ha	county's investment we they signed the c ation and will abide ished before our co	county-prove by the lav	vided statement ws and policies
10. Please indicate which agents of your firm's local offices are licensed, certified, or regis and by whom. (FDIC, SEC, NYSE, Fed. Reserve Bank, FINRA)				d, or registered			
	Name	e:		Licen	sed or registered by	y 	
11.		-	nces from at least focated in the State		parable public secto	r clients. W	e would prefer
	Enti		Contact:	- -	Telephone:		Client Since:
				_			

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

17.	Please explain your normal custody and delivery process. Who audits these fiduciary systems? In addition, please provide their contact information.
18.	What reports, transactions, confirmations and paper trail will we receive?
19.	Please include samples of research reports that your firm regularly provides to public-sector clients.
20.	What training would you offer for our employees and investment officers?
21.	What portfolio information do you require from your clients?
22.	Describe the precautions taken by your firm to protect the interests of the public when dealing with governmental agencies as investors.

23.	Please provide certified financial statements and other indicators regarding your firm's capitalization.
24.	Describe the capital line and trading limits that support/limit the office that would conduct business with our county.
25.	Does your firm consistently comply with the Federal Reserve Bank's capital adequacy guidelines?
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.
27.	Do you participate in the SIPC Insurance program? If no, attach explanation.
28.	Please enclose a complete schedule of fees and charges for various transactions.

	Does at least one nationally recognize Pool, Mutual Fund or Money marke	E	continuously rate the
	Moody's: □	Rating:	Date:
	Standard and Poor's: \Box	Rating:	Date:
	Fitch: □	Rating:	Date:
	Other (specify): \square	Rating:	Date:
C	Has the firm or has the primary represof legislative change that directly, or the primary member(s) of the firm	r indirectly resulted in a fin	ancial gain to the firm
t (Disclosures: Has the firm or has the o the election campaigns of any me Court or Montgomery County Investepresentative(s) of the firm have a pusiness relationship with any of the	mber of the Montgomery Committee? Does thany immediate family relative	County Commissioners te firm or any primary

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/Pa	rtner-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 regulates?	ulations and findings available for public access? If so,
		<u> </u>

7.	7. How are the Pools insured?		
8.	What guarantees the county that you as collateralization on our funds?	ou are only using governme	ent backed securities
9.	Whom would we report/complain	to if we experience a loss	with our funds in your Pool?
10.	. Can you provide a copy of your audit report is necessary in order to		Note: An external
11.	. Please enclose a complete schedul	e of fees and charges for v	arious transactions.
12	Does at least one nationally rec Pool, Mutual Fund or Money m		ing Firm continuously rate the
	Moody's: □	Rating:	Date:
	Standard and Poor's: \square	Rating:	Date:
	Fitch: □	Rating:	Date:
	Other (specify): \square	Rating:	Date: