



SAN JOSE POLICE & FIRE DEPARTMENT RETIREMENT PLAN Placement Agent Disclosure Form

Instructions: Please complete and have an individual with legal authority sign this form and return to: The Investment Group
Office of Retirement Services
1737 North First Street, Suite 600
San Jose, CA 95112

1. Identification Information

Firm name: _____

Contact person: _____

Email address of contact person: _____

Phone no. of contact person: _____

2. Acknowledgement of Policy

The undersigned acknowledges that I have received and reviewed a copy of the Retirement Board's Placement Agent Disclosure Policy.

3. General Questions

Have you, your firm, your firm's principals, employees, agents, or affiliates compensated or agreed to compensate directly or indirectly any person or entity to act as a placement agent in connection with any investment by the Retirement Board?

Yes No

If you checked "yes," complete the remainder of the form and sign and return it to us. If you checked "no," skip the remainder of the form and sign and return it to us.

4. Specific Questions

- a) Attach a list of the names and relationship for each officer, partner, or principal of the placement agent. Attach a resume for each such person detailing each person's education, professional designations, regulatory licenses, investment and work experience, and whether the person is a current or former member of the Retirement

Board, a current or former employee of the City of San Jose, or a member of the immediate of either.

- b) Attach a description of any and all compensation of any kind provided or agreed to be provided to a placement agent.
- c) Attach a description of the services to be performed by the placement agent.
- d) Attach a list of the names of any current or former Retirement Board members, employees, or consultants who suggested the use of the placement agent(s) listed above.
- e) For each placement agent, attach a statement indicating whether the placement agent is registered with the SEC, FINRA, or CFTC.
- f) For each placement agent, attach a statement indicating whether the placement agent is registered as a lobbyist with any local, state or federal agency.

5. Representations and Notifications

By signing this form, the undersigned represents and warrants that the information set forth herein is true and correct.

This form and any attachments to it are public records subject to disclosure pursuant to the California Public Records Act.

The undersigned agrees that any written agreement between the firm and the Retirement Board after the date of execution of this form shall include a covenant that the firm will comply with the terms of the Retirement Board's Placement Agent Disclosure Policy.

Name of firm: _____

Date: _____
