

Office of the State Auditor - Pension Form BC-3

Notification to and Certification by Investment Advisor, Investment Manager, or Broker Bloomington Fire Department Relief Association (Relief Association)

This section of the form is to be completed by the Public Pension Plan.

I. Firm Information

1. Firm Name: _____
2. Primary Contact: _____
3. Primary Contact Title: _____
4. Firm Address (Local): _____
5. Telephone Number: _____
6. Primary Contact Email Address: _____

II. Statement of Investment Restrictions (Check box if applicable)

To: _____ (Name of Firm)

The Bloomington Fire Department Relief Association is authorized to invest only in those investments complying with the requirements of 2013 Minn. Laws, ch. 111, art. 5, § 38 (Minn. Stat. § 69.77, subd. 9), Minn. Stat. §§ 356A.06, and 356.64.

☐

By checking this box, the Bloomington Fire Department Relief Association informs the firm that it further restricts its investments through an adopted investment policy, a copy of which is attached. The Bloomington Fire Department Relief Association will provide the firm with copies of any amendments or changes to the investment policy.

Relief Association Officer Signature

Printed Name

Date

This section of the form is to be completed by the Firm.

III. Security Broker Insurance Coverage (Check applicable box)

☐

We certify that we have obtained sufficient SIPC insurance and excess SIPC insurance to cover assets held by our Firm for the Bloomington Fire Department Relief Association.

OR

☐

None of the Plan's assets are in custody with our firm.

OR

☐

Our firm is not a security broker or the agent of a security broker.

Signature of Authorized Representative of Firm

Date

IV. Certification

We acknowledge receipt of the statement of investment restrictions and agree to conduct your investment transactions in accordance with 2013 Minn. Laws, ch. 111, art. 5, § 38 (Minn. Stat. § 69.77, subd. 9.), Minn. Stat. §§ 356A.06, and 356.64, and the provisions of any additional restrictions set forth in Section III above.

Signature of Authorized Representative of Firm

Date

Office of the State Auditor - Pension Form BC-3

Form Instructions

Bloomington Fire Department Relief Association

The notification and certification contained in this form are required to be completed annually under Minn. Stat. § 356A.06, subd. 8b. The Office of the State Auditor (OSA) developed this form to assist the Bloomington Fire Department Relief Association to inform its investment advisors, investment managers, or brokers of their investment restrictions, and obtain from those firms a certification that investment transactions will be conducted in accordance with those restrictions.

Instructions:

1. Fill in the broker's name and contact information requested in Section I.

Fill in Section II and attach copies of your investment policy and any governing board resolutions that
2. restrict your investments.

Send the form to your broker with instructions to fill in any blanks in Section I, sign Sections III and IV,
3. and return the completed form to you.

Keep a copy of the completed BC-3 Form in your files and submit a copy to the Office of the State
4. Auditor.

For purposes of this form, a "broker" means a broker, broker-dealer, investment advisor, investment manager, or third party agent who transfers, purchases, sells, or obtains investment securities for, or on behalf of, a covered pension plan.

Note: If you change your investment policy or your Board of Trustees adopts any resolutions affecting future investments, your investment advisors, investment managers, or brokers should be notified of the change. To avoid confusion, those firms should receive written notification and copies of that correspondence should be kept on file with this form.