San Joaquin County Employees' Retirement Association

6 South El Dorado Street Suite 400 * Stockton, CA * 95202 * Phone: 209-468-2163 * Fax: 209-468-0480 * www.SJCERA.org

Placement Agent Information Disclosure – Form 2

You are required to complete this due diligence Form 2, if you answered YES to one or both of the questions relating to SJCERA Disclosure of Placement Agent – Form 1.

Prior to entering into any investment transaction or investment management contract, SJCERA Policy requires that any person or entity who would be a party to that investment transaction or investment management contract shall disclose, in writing, additional due diligence from all Placement Agent relationships with persons or entities that assisted the party with either the solicitation of SJCERA as a potential client or the retention of SJCERA as an existing client and any fees paid or payable to the Placement Agent as a result of such relationship.

Please complete the form below and attach contract(s) and/or other applicable agreements:

Section 2-A

Investment Management Firm: _____

(Check one)
- ☐ Prospective / New Investment
- ☐ Amendment to an existing investment

Fund Name or Strategy: _____

(Check one)
- ☐ Separate Account
- ☐ Commingled

Contact Person:

Email: _____ Phone: _____

Name of Placement Agent Firm: _____ Primary Contact (Individual): _____

Address: _____

Number Street City State Zip

Country: _____ Phone No: _____ Email: _____

Section 2-B

Please disclose your compensation agreement with this Placement Agent, including amounts paid, payable and term in relation to SJCERA: Attach a copy of any and all agreements between manager and Placement Agent.

Please describe the services that will be performed by the Placement Agent, which include whether the Placement Agent is utilized by you for all prospective clients or for a subset of your prospective clients.

Date ___/___/_____

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Section 2-C

Please identify any current or former SJCERA Board member, employee or consultant who suggested retention of this Placement Agent. If this question does not apply, use the check box below and state *No referral used*. If it does apply, please identify the individual's name and relationship. The list of SJCERA Key Personnel can be found on the SJCERA website (www.SJCERA.org).

☐ Yes, a referral was used
☐ No referral used

Name of SJCERA Contact: _____ Name of SJCERA Contact: _____

Title: _____ Title: _____

* If necessary, please include an attachment for additional names.

Section 2-D

Please identify the names of each officer, partner or principal of the Placement Agent firm, in connection with the investments for SJCERA. For each individual listed, please attach their resume detailing their (i) education, (ii) professional designations, (iii) regulatory licenses [Series 7, 63 Licenses and Blue Sky Registration] and (iv) investment and work experience.

Name:	Position:	Phone No:

*If necessary, please include an attachment for additional names.

Section 2-E

Is the Placement Agent or any of its affiliates registered with the Securities Exchange Commission (SEC), Financial Industry Regulatory Authority (FINRA), or other?

☐ Yes
☐ No

If YES, please provide the name of the Firm or Affiliate that is registered and identify the registering entity.

Firm / Affiliate: _____ Registration: _____

If other, please specify: _____

Firm / Affiliate: _____ Registration: _____

If other, please specify: _____

*If necessary, please include an attachment for additional affiliations.

If NO, please explain why no registration is required. _____

Date ___/___/_____

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Section 2-F

Is the Placement Agent or any of its affiliates a registered lobbyist? Please mark either *Yes* or *No*: ☐ Yes ☐ No

If Affirmative, please provide the name of the individual and/or Firm that is registered along with the jurisdiction in which they are registered.

Individual / Firm: _____ Jurisdiction: _____

Individual / Firm: _____ Jurisdiction: _____

*If necessary, please include an attachment for additional names.

Section 2-G

In the past 24 months, has the Placement Agent made any campaign contributions, charitable contribution, or gifts to a member of the San Joaquin County Employees' Retirement Board or any other SJCERA Key Personnel? ☐ Yes ☐ No

If YES, please disclose the following:

Giver Name: _____ Type: _____ Date Given: _____

Recipient Name: _____ Amount: $ _____

Giver Name: _____ Type: _____ Date Given: _____

Recipient Name: _____ Amount: $ _____

*If necessary, please include an attachment if you have additional information to report.

Affirmation:

I, _____ of (company name)_____ hereby acknowledge that the foregoing information is accurate. Until the termination of a prospective or existing agreement, I agree to update this information within 5 business days of any changes.

_____ _____

Signed By Date

Date ___/___/_____