

NOTIFICATION TO BROKER AND CERTIFICATION

Bloomington Fire Department Relief Association

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

I. Firm Information

- 1. Name of Firm: _____
- 2. Address: (Local) _____
(National) _____
- 3. Telephone Number: Local _____ National _____
- 4. Primary Representative/Manager/Partner in charge:

Name and Title Telephone Number

II. Statement of Investment Restrictions

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.

Signature of Bloomington Fire Department Relief Association Officer Date

III. Statement Of Additional Investment Restrictions

The Bloomington Fire Department Relief Association further restricts its investments as provided in the attached investment policy. The Plan will provide to the firm copies of any amendments or changes to the investment policy.

Signature of Bloomington Fire Department Relief Association Officer Date

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

IV. Security Broker Insurance Coverage (Check applicable box)

I 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 the assets are in a commingled investment vehicle.

Signature of Authorized Representative of Firm Date

V. 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

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. To complete this form, follow these steps:

1. Fill in the information requested in Section I that is known to you.
2. Fill in Sections II and III (if applicable) and attach copies of your investment policy and any governing board resolutions that restrict your investments.
3. Mail the form to your investment advisors, investment managers, or broker with instructions to fill in any blanks in Section I, sign Sections IV and V, and return the completed form to you.
4. Keep a copy of the completed BC-3 Form in your files and submit a copy to the Office of the State 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.