

Department of Financial Institutions (DFI)

New Business Insurance Application

Asset Management Protector (AMP) and Form-B Financial Institution Bond (FIB)

By completing this new business application you are applying for coverage with Chubb Insurance Company of Canada (the "Company")

Notice: Each coverage part of asset management protector by Chubb provides claims-made coverage, which applies only to "claims" first made during the "policy period", or any applicable extended reporting period. Except where the policy is subject to the laws of the province of Quebec, the limit of liability to pay damages or settlements will be reduced and may be exhausted by "defence costs", and "defence costs" will be applied against the retention. In no event will the company be liable for "defence costs" or the amount of any judgment or settlement in excess of the applicable limit of liability. Read the entire renewal application carefully before signing.

I. General Information

1. a. Name of Applicant: _____
- b. Address of Applicant: _____
- c. Employee Census:

Portfolio Managers	_____	Compliance & Audit	_____
Research Staff	_____	Sales & Marketing	_____
Other (please explain)	_____	Total	_____
- d. Number of Branch Locations? _____

2. Limits and Deductibles Requested:

	Coverage Section	Limit of Liability		Deductible	
		Current	Proposed	Current	Proposed
a.	Employment Practices Liability	_____	_____	_____	_____
b.	Fiduciary Liability	_____	_____	_____	_____
c.	Directors & Officers Liability	_____	_____	_____	_____
d.	Outside Directorship Liability	_____	_____	_____	_____
e.	Investment Advisory Errors & Omissions	_____	_____	_____	_____
f.	Form-B Financial Institution Bond	_____	_____	_____	_____

3. Business Form Corporation GP LP Other

If incorporated, please complete the following:

- a. Province of Incorporation _____
- b. Total number of shareholders _____
- c. Does any shareholder, directly or beneficially, hold 5% or more of the common stock? Yes No
If **Yes**, please provide full details on a separate sheet, including their name and % owned.
4. Does the Applicant have any subsidiaries? If **Yes**, please provide full details on a separate sheet, including names, lines of business, and % owned. Yes No
5. Is the firm registered with a Securities Commission or Self Regulating Organization as a Portfolio Manager/Investment Fund Manager? If **Yes**, please indicate organization(s). Yes No
6. Is the firm publicly traded? Yes No
7. Date Established: _____ Web Site Address: _____

II. Employment Practices Information

1. Does the Applicant have written procedures in place regarding:
- a. Equal Opportunity Employment Yes No
- b. Anti-discrimination Yes No
- c. Anti-sexual harassment Yes No
- d. Discipline Yes No
- e. Termination Yes No
- f. Handling complaints of sexual harassment or discrimination Yes No
- If any of the above answers are **No**, please provide full details on a separate sheet, including the reason why not.
- g. Does the Applicant require that employees sign and acknowledge receipt of the above policies? Yes No
2. Percentage of employees with salaries (including bonuses):
- | | | | |
|-----------------------|---------|------------------------|---------|
| Less than \$50,000 | _____ % | \$100,000 to \$250,000 | _____ % |
| \$50,000 to \$100,000 | _____ % | Greater than \$250,000 | _____ % |

III. Fiduciary Information

1. Do you have a Pension Plan, ESOP, or Health Benefits Plan for your Employees? If **Yes**, please provide full details on a separate sheet, including plan size (assets), number of participants, funding status, and classification (ie. defined benefit, defined contribution, etc...). Yes No

IV. Outside Directorship Information

1. Do any of your Directors or Officers currently sit on any Outside Boards at the request of the firm? If **Yes**, please provide full details on a separate sheet, including the name of the company, how long they have sat on the Outside Board, and whether the company is public or private. Yes No

V. Investment Advisory Services Information

1. Please complete the table below for those accounts which the Applicant acts as a Portfolio Manager/Investment Fund Manager:

	# of Accounts		Market Value	
	Current Year	Last Year	Current Year	Last Year
a. Individual Accounts	_____	_____	\$ _____	\$ _____
b. Trusts	_____	_____	\$ _____	\$ _____
c. Labour Management Plans	_____	_____	\$ _____	\$ _____
d. Corporate / Institutional	_____	_____	\$ _____	\$ _____
e. General / Limited Partnerships	_____	_____	\$ _____	\$ _____
f. Mutual Funds *	_____	_____	\$ _____	\$ _____
g. Other	_____	_____	\$ _____	\$ _____
TOTAL	_____	_____	\$ _____	\$ _____

* Please complete the attached Schedule 1 for all mutual funds for which coverage is desired.

2. Asset value of largest account: \$ _____ Number of accounts lost in the past 12 months # _____
 Asset value of accounts lost in the past 12 months \$ _____
3. Does the Applicant recommend the use of derivative instruments or other alternative investments? If **Yes**, please provide, on a separate sheet, an explanation of the types and amounts. Yes No
4. What is the minimum size of accounts accepted for new customers? _____
5. Are customer transactions executed by an in-house broker/dealer? If **Yes**, please provide, on a separate sheet, the percentage of transactions and provide a copy of the disclosure document distributed to the customer. Yes No
6. Has the Applicant received any customer complaints in the last 3 years? If **Yes**, please provide on a separate sheet further details. Yes No

VI. Auditing Practices

1. With respect to External Audit:
- a. Has the firm made provisions for an annual audit by an outside Certified Public Accountant (CPA)? Yes No
 - b. Has the CPA rendered an unqualified opinion for each of the last three (3) years? Yes No
 - c. Has there been any change in CPA in the last three (3) years? If **Yes**, please explain. Yes No
 - d. Have you complied with all recommendations made as a result of your most recent audit? If **No**, please attach a schedule explaining any noncompliance with such recommendations. Yes No
 - e. Does the outside CPA report directly to the Board of Directors or Partners? Yes No
 - f. Are all locations included in the audit? Yes No
2. With respect to Internal Audit:
- a. Indicate number of full-time Employees assigned to audit department.
 - b. Does the Internal Audit Department report directly to the Board of Directors or Partners? Yes No
3. Please give the date of the last three (3) Regulatory exams and indicate what authority performed each exam:
- | | | |
|------------------|------------------|------------------|
| Date: dd/mm/yyyy | Date: dd/mm/yyyy | Date: dd/mm/yyyy |
| Authority: _____ | Authority: _____ | Authority: _____ |

VII. Organization & Internal Controls

1. Does your institution maintain written procedures covering the following:
- a. Account initiation and maintenance? Yes No
 - b. Trade initiation and trade ticket execution? Yes No
 - c. Reconciliation of all trades? Yes No
 - d. Physical Custody and Safekeeping? Yes No
 - e. Data Processing Operations Yes No
 - f. Written Code of Ethics? Yes No
 - g. Audit and internal controls? Yes No

2. "In-house" Cheques:
- a. Do all cheques require dual signatures? Yes No
- If **No**, at what dollar amount is dual signatures required? \$
- b. If cheque signing machines are used, describe controls over signature plates to prevent misuse.
-
- c. Is dual control established and maintained for the handling of the reserve supply of official cheques? Yes No
3. Customer Accounts:
- a. Is there an application/form to be completed for all new customers? Yes No
- b. What investigations or verifications are made prior to opening an account for a new customer?
-
- c. Do you require approval by a Senior Officer when the information in (a) and (b) above is complete, and prior to commencing trading? Yes No
4. Are customers who discover discrepancies in their accounts instructed to write or telephone a designated Employee who has no other duties in connection with customer transactions? Yes No
5. Are requests to change customers' addresses made in writing by customers? Yes No
6. Is written confirmation of customer's address change sent to old and new address? Yes No
7. Do you have controls in place for inactive accounts? Yes No
8. What is the name of your Custodian? _____
9. What is the name of your Transfer Agent? _____
-

VIII. Prior Insurance

1. Does the Applicant currently have in place any of the coverages requested with this application? If **Yes**, please ensure that the table in section A.2 is completed correctly.
2. Attach a copy of the prior application (with any prior insurer) for which continuity of coverage is to be maintained. The Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in, and form part of the Policy.
3. Has the Applicant or any Subsidiary given written notice under the provisions of any prior policies providing similar insurance of specific facts or circumstances which might give rise to a claim being made against the Applicant or any Subsidiary? If **Yes**, please provide full details on a separate sheet. Yes No

IX. Past Activities

1. Has the Applicant or any Subsidiary been involved in any of the following in the past three (3) years, or has any director or officer been involved in any of the following at any time?

	Organization	Persons
a. Anti-trust, copyright or patent litigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any criminal actions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Received a cease and desist order from any regulatory agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Any representative actions, class actions or derivative suits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Civil or administrative proceeding alleging violation of any provincial, state or federal securities law?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If **Yes** to any of above, please provide full details on a separate sheet, including the names and dates involved.

2. Have any payments been made on behalf of any Applicant and/or any Subsidiary under any previous policy that provided insurance similar to that for which you are applying? If **Yes**, please provide full details on a separate sheet, including the amounts and dates involved. Yes No

3. Has the Applicant or any Subsidiary been involved within the past three (3) years, or contemplated in the next twelve (12) months:

a. Any actual or proposed merger, acquisition or divestment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any registration for a public offering or a private placement of securities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Any layoffs, staff reductions or facility closings?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. During the past three years, has any Applicant or any person of coverage, been involved in any capacity in any of the following matters?

a. Employment-related civil suit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any EEOC in the US, or any other similar administrative proceeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Have you any knowledge of or information concerning any occurrence or circumstances whatsoever, which might materially affect this proposal? Yes No

If **Yes** to any of the above, please provide full details on a separate sheet, including the types of allegations, the court or agency involved, and the current status, as well as any determination, judgement, defense costs and/or settlement.

X. Prior Knowledge

If you had no Prior Insurance or are requesting limits of liability for any coverage type larger than the limits set forth in Section A.2, the following statement must be completed:

No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the requested coverages for which you do not currently maintain insurance, or within the scope of a requested larger limit of liability except:
None or

It is understood and agreed that the above statement applies to (a) those coverages for which no coverage is currently maintained, and (b) for those coverages where the Applicant is requesting limits of liability greater than currently maintained only. It is understood and agreed that if knowledge of any such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded under any policy issued by the Company.

K. Other Information

Please attach the following information with this completed Application:

- a. Latest audited financial statements.
- b. List of current directors and officers or partners.
- c. Copy of standard client contract(s) for discretionary and non-discretionary private accounts.
- d. Resumes of portfolio managers.
- e. Copy of most recent regulatory inspection report, and management's written response.
- f. CA Letter of recommendation to Management & Management's response.

The undersigned person declares that to the best of his knowledge the statements set forth herein in all sections of this APPLICATION and in any attachments to this APPLICATION are true and correct, and that reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this APPLICATION. The undersigned further agree that, if between the date of this APPLICATION and the effective date of the Policy,

- (1) any material change in the condition of the Applicant is discovered or
- (2) there is any material change in the answers to the questions contained herein, either of which would render this APPLICATION

Inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately, and, if necessary, any outstanding quotation may be modified or withdrawn. The signing of this APPLICATION does not bind the undersigned to purchase the insurance but it is agreed by the Applicant, and all persons proposed for this insurance, that the particulars and statements contained in the APPLICATION and the attachments and materials submitted with this APPLICATION (which shall be retained on file by the Company and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and consisting a part of the Policy. It is further agreed by the Applicant, and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any policy will be issued in reliance upon the truth of such particulars and statements.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

False Information: Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

Company

Signature of President if a Corporation
or a General Partner if a Partnership

dd/mm/yyyy
Date

A Policy cannot be issued unless the APPLICATION is properly signed and dated by the President, if a Corporation, or a General Partner, if a Partnership. **NOTE:** This APPLICATION and all exhibits shall be treated in strictest confidence.

Schedule 2 – Supplemental Fib Application

1. As respects any mutual fund proposed for coverage in Schedule 1, are all shareholder accounting services performed by the transfer agent? If **No**, please explain who performs other shareholder accounting services and what those services are. Yes No
2. Is there any written agreement wherein the transfer agent is held harmless or indemnified by the mutual fund in connection with its duties as redemption or transfer agent? If **Yes**, please attach a copy of the agreement. Yes No
3. Would specific instructions ever be issued by the Applicant to the Transfer Agent requesting it to issue a cheque for redemption of certificates to other than the registered owner? If **Yes**, under what circumstances? Yes No
4. Does the Applicant ever guarantee or witness signatures on mutual fund certificates received for transfer or redemption? If **Yes**, under what circumstances? Yes No
5. Does the Applicant always require signature guarantees on:
 - (a) redemptions? Yes No
 - (b) changes of registration? Yes No
 - (c) changes of address? Yes No
 - (d) request for additional redemption privileges? Yes NoIf **Yes**, by whom?
 - (a) Member of stock exchange? Yes No
 - (b) Other? Please explain:
6. Does the Applicant have a formal policy governing procedures for holding unit-holder items of deposit prior to crediting their accounts? If **Yes**, please state the minimum number of days items are held. Yes No
8. Please attach your standard collection procedures which are pursued in the event that unit-holder items of deposit are not honored by the drawee financial institution.
9. Are your unit-holders permitted to request by voice over the telephone transfers or redemptions from their accounts? If **Yes**, please provide on a separate sheet those Applicants that permit this activity. Yes No
10. Are unit-holders required to sign a written agreement authorizing the Applicant to rely on telephonic or voice instructions? If **Yes**, please attach a copy of the agreement. Yes No
11. Are written Designated Procedures in place which outline the steps to be followed when verifying the authenticity of voice requests directed to you over the telephone. If **Yes**, please attach a copy.

Schedule 3 – Supplemental Coc Application

A. Securities Trading

Overview

1. What is the average daily trading volume:
 - (a) Number of trades
 - (b) Number of shares
 - (c) Dollar value

2. Does an automated system track trades from order through execution? Yes No
If no, please attach diagram of the process.
If yes, what is the name of the system used?
Is this a proprietary system? Yes No

3. Is a trading guidelines manual utilized? Yes No
If yes, please attach a copy.

4. What is the name of the firm used to clear trades?
 - (a) How many years have they provided this service?
 - (b) Does your contract with them hold you harmless for liability arising from their acts? Yes No
 - (c) Are trades cleared only on a fully disclosed basis? Yes No

5. Is your firm or any subsidiary or affiliate of your firm, the introducing broker to trading activities? Yes No
If no, does the introducing broker hold your firm harmless for their errors? Yes No

Authorization & Execution Controls

1. (a) Does the trade entry system permit overrides (manual or otherwise)? Yes No
If yes, who has such authority?
(b) Are exception reports generated and reviewed? Yes No
If yes, by whom?
(c) How often are exception reports reviewed?

2. To whom are trade confirmations provided?
 Account Managers Compliance Funds Accounting Other

3. Does your trading system utilize any filtering software which rejects input of unauthorized securities? Yes No
If yes, can it be overridden? Yes No

Post Trade Reporting

1. How frequently are trades reconciled against fund/account guidelines?
 Daily Weekly Monthly Other
 2. Who has the responsibility to monitor and manage trade corrections?
-

B. Compliance/Internal Audit

1. Is a trade error report maintained to chronicle previous trading error history? Yes No

If yes, please attach a copy.
 2. Is a report outlining trading activity reviewed by compliance/internal audit? Yes No
If yes, how frequently?
 3. How are violations with trading policy addressed?
 4. Is there a continuous compliance education program for all employees? Yes No
-

C. Customer Account Transfers

1. Is customer account enrollment and withdrawal the responsibility of a separate business unit or dispersed among several groups?
-

D. Other Information

1. Has an external consultant been used to audit trading controls procedures? Yes No
If yes, please provide a copy of their report to management?
 2. Does the applicant trade for the fund or a customer's account:
 - (a) Derivatives securities? Yes No
 - (b) Convertible securities? Yes No
 3. Does your system "flag" securities which have announced share splits or bond calls? Yes No
Please describe how such events are reconciled against funds and accounts holding such securities.
-

E. History

1. For each of the past 3 years, please provide information regarding trading errors/cost of corrections:
 - (a) Number of corrections each year

(a) Total dollar value of all corrections each year

(a) Largest dollar value of correction each year

2. Have you ever reported a cost of corrections claim to your insurer? Yes No

If yes, please attach a description of each event. Include the date of the report to your insurer, summary of the event, how the error was corrected, the amount of loss, the status, and the amount of payment by insurer.

THE UNDERSIGNED, ON BEHALF OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE, DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGES AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS SUPPLEMENTAL APPLICATION ARE TRUE AND COMPLETE.

THE INFORMATION IN THIS SUPPLEMENTAL APPLICATION IS MATERIAL TO THE RISK ACCEPTED BY THE UNDERWRITER. IF A POLICY IS ISSUED IT WILL BE IN RELIANCE BY THE UNDERWRITER UPON THE SUPPLEMENTAL APPLICATION, AND THE SUPPLEMENTAL APPLICATION WILL BE THE BASIS OF THE CONTRACT.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS SUPPLEMENTAL APPLICATION IS ON FILE WITH THE UNDERWRITER, AND ALONG WITH THE APPLICATION WILL BE CONSIDERED PHYSICALLY ATTACHED TO, PART OF, AND INCORPORATED INTO THE POLICY, IF ISSUED.

THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION. THE UNDERWRITER'S ACCEPTANCE OF THIS SUPPLEMENTAL APPLICATION OR THE MAKING OF ANY SUBSEQUENT INQUIRY DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE OR ISSUE A POLICY.

IF THE INFORMATION IN THIS SUPPLEMENTAL APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE UNDERWRITER, AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

Company

Signature of Chief Executive Officer
(or other Senior Officer if the Chief
Executive Officer Managing Partner is also
the Chairman, Board of Directors or
Managing Partner)

dd/mm/yyyy

Date

Signature of Chief Compliance Officer

dd/mm/yyyy

Date

A Policy cannot be issued unless the APPLICATION is properly signed and dated by the Chief Executive Officer (or other Senior Officer if the Chief Executive Officer is also Chairman, Board of Directors or Managing Partner) and Chairman, Board of Directors or Managing Partner.

This APPLICATION and all exhibits shall be treated in strictest confidence.

Schedule 4 – Supplemental Cyber Hedged Questionnaire

A. Employee and Hiring Practice Information

1.) Please indicate the number of employees you have by the following categories:

	In The U.S.	Outside The U.S.
Full and part-time employees providing information technology services or support		

2.) What was the annual employee turnover rate for the last three years:

Past year % 1 year previous % 2 years previous %

3.) Please answer the following questions about your hiring practices:

a. Which of the following do you review prior to hiring a new employee (Please check all that apply):	
(1) Criminal history records	Yes <input type="checkbox"/> No <input type="checkbox"/>
(2) Credit history records	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3) Records of previous employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4) Other (Please describe on an attached sheet)	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do persons other than employees within your organization, such as interns or contract personnel, have access to sensitive information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, are the same background checks (i.e. criminal, credit and previous employment) that are conducted on employees, also conducted on these persons?	Yes <input type="checkbox"/> No <input type="checkbox"/>

B. Outside Service Providers

Please provide the name or names of the different service providers described below. If you don't use such services, please write “None” under “Name”:

Service Provider	Name	Affiliated with the Applicant?
General Distributor		Yes <input type="checkbox"/> No <input type="checkbox"/>
Sub-Advisor		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fund Administrator		Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Information Security

1.) Have you implemented a formal information security policy which is applicable to all of your business units and Funds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to Question 1., is “Yes”:	
a. Does your information security policy identify and stipulate the types and	Yes <input type="checkbox"/> No <input type="checkbox"/>

b. Levels of protection for all of your information assets, whether electronic or otherwise, and whether held by you or by a person or organization providing services to you?	
c. Which of the following elements are contained in your information security policy (Please check all that apply):	
(1) Defined duties and responsibilities of an Information Security Officer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(2) Requirements for confidentiality agreements for employees, vendors and contractors.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3) Policies for the use and storage of personally identifiable or other confidential information on mobile devices, including laptops, smartphones and tablets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4) Document classification, protection and destruction protocols.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(5) Requirements for employee usage of;	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. The Internet;	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Social Networking sites;	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. E-mail	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. If the answer to Question 5.a., b. or c. above is “Yes”, do your employees acknowledge that they are aware of each of the policies, or sections of the policies, that apply to them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Do all users of your network have designated rights and privileges for access to information and use of your network?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Do you test and assess your security at least annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Do you regularly identify and assess new threats and adjust the security policy to address the new threats?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.) Do you have a formal incident response plan that addresses network security incidents or threats?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.) Do you use third party service providers for:	Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Backing up your electronic data:	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Web site hosting:	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Processing or maintenance of sensitive data:	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Maintenance of applications:	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Infrastructure hosting:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.) If the answer to any part of Question 3 is “Yes”, have you evaluated the level of security provided by any of the service providers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.) If the answer to Question 4 is “Yes”, please indicate the method(s) by which you evaluated their level of security:	
A. Review of Service Organization Control Report(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Review of security audit conducted by a third party:	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Your employees conducted an audit of the service provider’s security:	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Other (Please describe below):	

D. Authenticating Transfers of Funds or Securities

1.) Do you accept spoken funds transfer instructions from clients or investors using the telephone or VOIP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.) If the answer to Question #1, above, is "Yes", prior to complying with the instruction do you authenticate such instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.) If the answer to Question #2, above, is "Yes", do you do so by (please check all that apply):	
A. Using voice authentication technology;	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Calling the customer at a predetermined number;	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Sending a text message to a predetermined cellular number;	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Sending an email to a predetermined address; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Some other method or combination of methods (Please describe)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.) Do you accept written funds transfer instructions by email, text message or a similar means of communication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.) If the answer to Question #3 is "Yes", prior to complying with the instruction do you authenticate it by using the same methodology as you do for voice instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.) If the answer to Question #4 is "No", please explain in detail on an attachment how you authenticate email or similar instructions.	
7.) Does the bank that holds your cash (including cash in a money market or short term investment fund) authenticate any instructions for the transfer of funds requested by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.) How many Employees have the authority to send fund transfer instructions to your bank?	
9.) How many Employees have the authority to send fund transfer instructions to the Custodian(s) of your Funds?	
10.) Are all fund transfer requests reconciled at least daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.) Are all fund transfers reconciled by a designated person who is not the person authorized to make the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.) Have you or one of your Funds ever had funds transferred from your bank or one of your custodians by someone who was not authorized to make the transfer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.) If the answer to Question 12., above is "Yes", please provide an attached description of such event(s).	

**Name of Person
Completing the
Questionnaire:** _____

**Date
Completed:** dd/mm/yyyy