To be completed by Compliance Officer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Main Firm Contact:** |  | **Operations Contact:** |  | **Compliance Contact:** |  |  |
|  |  |  |  |  |  |  |
| **Title:** |  | **Title:** |  | **Title:** |  |  |
| **Email:** |  | **Email:** |  | **Email:** |  |  |
| **Phone** |  | **Phone** |  | **Phone** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Firm/RIA Name** |  | | | | |  |
|  |  |  |  |  |  |  |
| **Address** |  |  |  |  |  |  |
| **City** |  | **State** |  | **Zip** |  |  |
| **Website** |  |  |  |  |  |  |
| **Main Phone** |  | **Fax** |  |  |  |  |
| **SEC#** |  | **CRD#** |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About Firm** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any regulatory or legal actions taken towards the firm within the last 5 years not yet formally reflected on record in your regulatory filings? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If yes, please explain:* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any current regulatory or legal actions pending towards the firm? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If yes, please explain:* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your firm has less than $500m of AUM, please address these questions: | | | | | | | | | | | | | | | | | N/A due to >$500m AUM | | | | | | | | | | | | | | | |
| Is there key man/person coverage in place? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | |  | |  | |
| *If no, please explain:* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Investments & Fees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Firm utilize a standard Investment Policy Statement (IPS)? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If BOKF, NA is trustee on a delegated trust, our BOKF, NA IPS is required, unless prior approval by BOKF, NA is obtained.* | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | | | |
| Does your Firm utilize an Investment Committee? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If no, how are investment decisions made on discretionary accounts?* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Firm agree to utilize and adhere to the BOKF, NA Investment Advisory Agreement (delegated trusts) and/or the Directed Trust Services Agreement (directed trusts)? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If no, explain and provide your compliance and legal contact for your Firm.* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Proxy – With reference to the firm’s most recent ADV 2A and internal policy regarding voting proxy for client securities, does the firm have authority to vote client proxies? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If yes, is it the firm’s policy to vote or is it dependent on the relationship?* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Corporate Action Notifications – Does the firm have authority to respond to Corporate Action Requests directly, specifically with regard to Cash, Dividend, Special Purchase Options, etc.? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | | | | | |
| *If Yes, please confirm the direct primary (and secondary if desired) contact/recipient name and email address to receive notifications for the firm or if applicable, subject relationships.*  *Primary Contact - Full Name & Email*  *Secondary Contact- Full Name & Email* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Conflicts of Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Firm, Associated Person or Employee utilize any proprietary mutual funds or other proprietary investment products in trust accounts where the Advisor/Firm is responsible for managing the marketable securities and BOKF is trustee? | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| *If yes, explain what specifically is used* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If yes, explain how the fees are assessed* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If yes, define the class share used for MF* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Firm, Associated Person(s) or Employee(s) receive 12b1, shareholder servicing fees or other types of fee rebates from trust accounts when Advisor is responsible for managing the marketable securities and BOKF is trustee? | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| *If yes, are the 12b1 fees rebated in entirety to the client trust account?* | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| *If no, explain* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| *If yes, are the shareholder servicing fees rebated in entirety to the client trust account?* | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| *If no, explain* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Operations Platform** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firm Preferred Custodian? |  | BOKF | |  | | Pershing | | |  | | Schwab | | |  | Fidelity | | |  | | TD Ameritrade | | | | | | | |  | | Other | | |
| *If other, please list:* |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your Portfolio Accounting System (PAS)? | | | | | | | | |  | | Advent | | |  | Portfolio Center | | | | | | | |  | | | Other | | | | | | |
| *If other, please list:* |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service Inquiry** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about our trust administration services? | | |  | Referral  (by whom) | | | | | |  | | Marketing Information | | | |  | Conference | | | | |  | | | Client | | |  | | Other | | |
| **Firm to submit the following REQUIRED documents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submit the following documents for review:  ADV Parts 1&2, Disclosure Brochures  Copy of Valid E&O Insurance/Declaration Page or Complete Most Recent Fiscal Year End Financial Statements  ADV/FINRA Brochures or biographical sketches of senior firm managers and key investment management team.  Copy of Business Continuity/Succession Plan (BCP)  Copy of Policy & Procedures or verification/certification that such is in place by CCO or their designee  If less than $500m AUM, provide the additional documents below:  Copy of Key Man/Person Coverage or Declaration Page | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Certification and Attestation** | | | | | | |
| I certify that the information provided above is true and accurate. If information on this profile or the information on which this profile is based changes, I will provide a timely manner and at least annually. | | | | | | |
| Signature |  | Title |  | Date |  |  |
| *.* | |  |  |  |  | |
| Print Name |  |  |  |  |  | |
|  |  |  |  |  |  | |

|  |  |
| --- | --- |
| **Questions?** | |
| Rosemary Hueser, SVP, Manager of Advisor Trust Services | 888-957-6678 [RHueser@BOKF.com](mailto:RHueser@BOKF.com) |

|  |  |
| --- | --- |
| **Internal Use Only** | |
| Notes: |  |