**RFP SUITABILITY QUESTIONNAIRE**

This RFP Suitability Questionnaire must be fully completed and signed by an individual authorized to legally bind your firm. Failure to do so will constitute an incomplete response, and your RFP response will not be considered. Further, if the Fund decides to retain your firm’s services as an investment manager, your firm will be required to enter into a written agreement incorporating your answers given to this RFP Suitability Questionnaire and other statutory requirements as required by the Fund. Further, this RFP Suitability Questionnaire will be attached as an exhibit to such written agreement. In the following, the terms “Firm,” “investment adviser” or “investment manager” refer to the entity that will act as investment manager for the awarded contract.

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| The Illinois Pension Code requires that the investment adviser be (i) registered as an investment adviser under the federal Investment Advisers Act of 1940 (15 U.S.C. 80b-1, et seq.) or (ii) a bank, as defined in the federal Investment Advisers Act of 1940 (15 U.S.C. 80b-1, et seq.). (40 ILCS 5/1-113.14 (b)). Is your Firm in compliance and willing to continue to comply with this requirement? | | | | | | | | | | | | | | | | YES  NO |
| Is your Firm and any other person or entity with investment decision-making authority with respect to the Fund’s investment in your Firm willing to be a “fiduciary” of the Fund in accordance with the Illinois Pension Code? Note that as a fiduciary, you, or your investment adviser, may not engage in certain “prohibited transactions” as set forth in Section 1-110 of the Illinois Pension Code. (40 ILCS 5/1-101.2, 40 ILCS 5/1-109, 40 ILCS 5/1-110, 40 ILCS 5/1-114 and 40 ILCS 5/1-115). | | | | | | | | | | | | | | | | YES  NO |
| Will there be anybody else rendering investment advice for a fee or other compensation, direct or indirect, with respect to the moneys of the Fund, or that has any authority or responsibility to do so? | | | | | | | | | | | | | | | | YES  NO |
| If you answered “Yes” above, please list the names of those entities and individuals.  |  | | --- | |  | |  | |  | | | | | | | | | | | | | | | | |  |
| Is your Firm familiar with, and prepared to comply with, Articles 1, 1A and 11 of the Illinois Pension Code (See [Link](http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=638&ChapterID=9).)? | | | | | | | | | | | | | | | | YES  NO |
| Please confirm that you have not and will not retain a person or entity to attempt to influence the outcome of an investment decision of, or the procurement of investment advice or services of, the Fund for compensation, contingent in whole or in part upon the decision or procurement. (40 ILCS 5/1-145). | | | | | | | | | | | | | | | | YES  NO |
| Is your Firm willing to comply with certain disclosure requirements mandated under the Illinois Pension Code and no less frequently than quarterly provide written reports to the Fund’s Board of Trustees including a statement of all returns on investment reported as net returns after the payment of all fees, commissions and any other compensation. | | | | | | | | | | | | | | | | YES  NO |
| Is your Firm willing to adhere to the Illinois Freedom of Information Act (5 ILCS 140 *et seq*.) with the understanding that as long as any requested information is not exempt from disclosure, the Fund will comply with requests for access to investment contracts, fee schedules, and any materials submitted to the Fund for review, including your RFP response? | | | | | | | | | | | | | | | | YES  NO |
| Is your Firm willing to adhere to the Fund’s Policy Regarding Investments in the Republic of Sudan (See [Link](http://www.labfchicago.org/assets/1/7/LABF_Policy_Re_Investments_In_Republic_of_Sudan_2.2014.pdf))? | | | | | | | | | | | | | | | | YES  NO |
| For separate account vehicles, if applicable, is your Firm willing to adhere to the Fund’s Brokerage Policy (See [Link](http://www.labfchicago.org/assets/1/7/brokerage_policy_2014.pdf)) (including the goal in the Illinois Pension Code that the investment manager direct certain percentages of total commission to minority-owned business, female-owned business, and businesses owned by a person with a disability)? | | | | | | | | | | | | | | | | YES  NO |
| Is your Firm willing to adhere to the Fund’s procurement policy (See [Link](http://www.labfchicago.org/assets/1/7/LABF_Investment_Adviser_Procurement_Policy.pdf)) for investment advisers and consultants? | | | | | | | | | | | | | | | | YES  NO |
| Is your Firm willing to adhere to the Fund’s policy (See [Link](http://www.labfchicago.org/assets/1/7/LABF_Resolution_Re_Assault_Weapon_Manufacturers_2.2014.pdf)) regarding investment managers refraining from purchasing or holding securities of an assault weapons manufacturer if the same investment goals can be achieved through the purchase or holding of another security? | | | | | | | | | | | | | | | | YES  NO |
| The Illinois Pension Code requires LABF to defray reasonable expenses of administering the Fund. In furtherance of this requirement, LABF will make every effort to negotiate the most favorable fee agreement. (40 ILCS 5/1-109 (2) Has your Firm provided the most favorable fee schedule?LABF’s Board of Trustees adopted a resolution in support of the Chicago City Treasurer’s aggregated investment fee and pricing initiative to provide more favorable fees based on the aggregate amount invested by City of Chicago pension funds. If additional City of Chicago pension funds have invested or invest in your Firm, is your Firm willing to aggregate assets managed on behalf of City of Chicago pension funds, for the purpose of calculating fees?LABF policy requires inclusion of a “most-favored nations” clause in all agreements. Is your Firm willing to be bound by a "most-favored nations" clause for the benefit of the LABF relative to the rights and fees that you charge to your other similarly-situated investors? | | | | | | | | | | | | | | | | YES  NO  YES  NO  YES  NO |
| To your knowledge: | | | | | | | | | | | | | | | |  |
| Are there any actions, proceedings, or investigations threatened or pending before any tribunal, arbitrator, court or governmental authority, including without limitation, the SEC, FINRA, any state securities regulatory authority or any other regulatory authority having jurisdiction over the company or its affiliates, against or relating to the company, its affiliates, or the officers or directors of the company or its affiliates claiming or alleging: (i) fraud; (ii) violation of any federal or state securities law, rule, or regulation, or (iii) breach of fiduciary duties? | | | | | | | | | | | | | | | | YES  NO |
| If you answered “Yes” above, please explain why and describe briefly any relevant facts and circumstances, the court or other entity involved and any judgment, order, decree or similar pronouncement which resulted. We may require additional information. | | | | | | | | | | | | | | | |  |
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| During the ten (10) year period prior to the date hereof, have any of the company’s or affiliates’ officers or directors been found liable for, settled, any such violation in any such action, proceeding, or investigation? | | | | | | | | | | | | | | | |  |
| If you answered “Yes” above, please explain why and describe briefly the relevant facts and circumstances, the court or other entity involved and any judgment, order, decree or similar pronouncement which resulted. We may require additional information. | | | | | | | | | | | | | | | |  |
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| Please provide the following: | | | | | | | | | | | | | | | |  |
| If the proposed strategy is: | | | | | | | | | | | | | | | |  |
| ***Not a fund-of-funds***, a disclosure of the method for charging and measuring fees, based on the assets under management, including disclosure of the direct and indirect fees, commissions, penalties, and other compensation, including reimbursement for expenses that may be paid by you or on your behalf in connection with the provision of investment services to the Fund: | | | | | | | | | | | | | | | |  |
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| ***A fund-of-funds***: | | | | | | | | | | | | | | | |  |
| A description of any fees, commissions, penalties and other compensation payable, if any, directly by the Fund (which shall not include any fees, commissions, penalties and other compensation payable from the assets of the fund-of-funds or separate account): | | | | | | | | | | | | | | | |  |
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| A description (or method of calculation) of the fees and expenses payable by the Fund to the investment adviser and the timing of the payment of the fees or expenses: | | | | | | | | | | | | | | | |  |
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| A description (or the method of calculation) of any carried interest or other performance based interests, fees or payment allocable by the Fund to the investment adviser or an affiliate of the investment adviser and the priority of distributions with respect to such interest: | | | | | | | | | | | | | | | |  |
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| Names and addresses of any entity that is a parent of, or owns a controlling interest in, your Firm: | | | | | | | | | | | | | | | |  |
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| Names and addresses of any entity that is a subsidiary of, or in which a controlling interest is owned by, your Firm: | | | | | | | | | | | | | | | |  |
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| Names and addresses of any persons who have an ownership or distributive income share in your Firm that is in excess of 7.5%: | | | | | | | | | | | | | | | |  |
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| Names and addresses of any person who serves as an executive officer of your Firm: | | | | | | | | | | | | | | | |  |
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| The names and addresses of all subcontractors, if any, and the expected amount of money each will receive under the contract. “Subcontractor” does not include non-investment related professionals or professionals offering services that are not directly related to the investment of assets, such as legal counsel, actuary, proxy voting services, services used to track compliance with legal standards, and investment fund of funds where LABF has no direct contractual relationship with the investment managers or partnerships. | | | | | | | | | | | | | | | |  |
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| The number of investment and senior staff and the percentage of investment and senior staff of the investment advisor who are (i) a minority person, (ii) a female, and (iii) a person with a disability: | | | | | | | | | | | | | | | |  |
|  | Number and Percentage of Investment and Senior Staff | | | | | | | | | | | | | | |  |
|  | Number of Minorities | | | | / | Percent |  | Number of Females | / | Percent |  | Number of Disabled | / | Percent | |  |
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| The number of contracts, oral or written, for investment services, consulting services, and professional and artistic services that your Firm has with (i) a minority owned business, (ii) a female owned business, or (iii) a business owned by a person with a disability: | | | | | | | | | | | | | | | |  |
|  | Number of Contracts | | | | | | | | | | | | | | |  |
|  | Number of Minorities | | | |  |  |  | Number of Females |  |  |  | Number of Disabled |  |  | |  |
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| The number of contracts, oral or written, for investment services, consulting services, and professional and artistic services your Firm has with a business other than (i) a minority owned business, (ii) a female owned business or (iii) a business owned by a person with a disability, if more than 50% of services performed pursuant to the contract are performed by (i) a minority person, (ii) a female, and (iii) a person with a disability. | | | | | | | | | | | | | | | |  |
|  | Contracts in Excess of 50% | | | | | | | | | | | | | | |  |
|  | Number of Minorities | | | |  |  |  | Number of Females |  |  |  | Number of Disabled |  |  | |  |
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| For purposes of this question, the terms “minority person,” “female,” “person with disability,” “minority owned business,” “female owned business” and “business owned by a person with disability” have the same meaning as those terms have in the Business Enterprise for Minorities, Females, and Persons with Disabilities Act (30 ILCS 575/). | | | | | | | | | | | | | | | |  |
| To your knowledge, is your Firm considering to convert into, consolidate or merge with, or sell or transfer substantially all of its assets or business to, another company within the next 12 months. Your response to this question will be kept strictly confidential. | | | | | | | | | | | | | | | YES  NO | |

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