

RFP: INVESTMENT CONSULTING SERVICES

ATTACHMENT A: MINIMUM QUALIFICATIONS FORM

PROPOSER NAME: _____

Registration as an Investment Advisor. By checking this box, the Proposer certifies that the proposing firm is currently and will continue to maintain registration as an Investment Advisor with the U.S. Securities and Exchange Commission *and* with each state in which the firm is required to register.

Independent Advising. By checking this box, the Proposer certifies that all actions, advice, and recommendations by the firm will be independent, without regard to the interests of the firm, with no direct or indirect influence from third parties, and for the sole purpose and benefit of the participants in the Program.

Fiduciary Standards. By checking this box, the Proposer certifies that it is a fiduciary and will meet the standards applicable to investment advisors, including those under the Investment Advisers Act of 1940, the Employee Retirement Income Security Act and the regulations promulgated under such statutes and that the firm will not delegate such fiduciary responsibilities to any other entity.

Minimum Years of Service. By checking this box, the Proposer certifies that the firm has provided investment consulting services for Defined Contribution Plans and/or individual Retirement Accounts (Traditional and Roth) for a minimum of ten (10) years.

Minimum Assets Under Management. By checking this box, the Proposer certifies that the submitting firm has a minimum of \$50 billion in total defined contribution plan or Individual Retirement Account assets under management (AUM) as of December 31, 2021.

Insurance. By checking this box, the Proposer certifies that the submitting firm shall obtain, at its own expense, the insurance specified in this Proposal and shall maintain it in full force and at its own expense throughout the duration of any Contract resulting from this RFP, including any extended reporting or tail coverage for acts and omissions of the firm during the term of the Contract, and all warranty periods that apply. The firm shall obtain insurance from insurance companies or entities which are authorized to transact the business of insurance and issue coverage in the State of Connecticut and that are acceptable to OSC. Coverage shall be primary and non-contributory with any other insurance and self- insurance. The firm shall pay for all deductibles, self-insured retention and self-insurance, if any. The firm will obtain Fiduciary Liability Insurance covering breaches in fiduciary duties related to the services or fiduciary responsibility to be provided under this Agreement in such amounts as the OSC may prescribe.

Authorized Signature: _____

Authorized Name: _____

Date: _____