



CONTACT INFORMATION FOR ORGANIZATION

Firm Name:

Address:

City: State /Province:

Zip/Postal Code:

Phone: Fax:

Website:

PRIMARY/PROXY CONTACT

Name:

Title:

Department:

Address:

City: State /Province:

Zip/Postal Code:

Phone: Fax:

Email Address:

DUES CONTACT (if different from above)

Name:

Title:

Department:

Address:

City: State /Province:

Zip/Postal Code:

Phone: Fax:

Email Address:



FIRM INFORMATION

How would you describe your firm? (e.g., XYZ Asset Management manages over \$XX billion of assets on behalf of institutional and individual investors worldwide through its wholly-owned registered investment advisor. It is one of the largest managers of pension investments in the U.S.)

Number of employees:

Total assets under management:

Year in which organized:

Parent company, if any:

Other related companies, including any broker-dealers (if any):

Type of organization: (please check appropriate items):

- | | |
|--|--|
| <input type="checkbox"/> Registered Investment Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Registered Investment Adviser | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Hedge Fund |
| <input type="checkbox"/> Other (please explain): | |



Other Professionals to be included on general mailing list:

Name:

Area of Interest/Expertise:

Title:

Department and Floor:

Address:

City: State /Province:

Zip/Postal Code:

Phone: Fax:

Email Address:

Check here if you have more entries.

...To enter more entries, please go to Part 5.



Market Interests: (Please check all that apply)

- Fiduciary Standard
- Financial Regulatory Reform
- G-20 Developments
- Loan Modification Proposals
- Operations activities of The Asset Managers Forum
- Other (please list)
- OTC Derivatives
- Securitization
- Systemic Risk
- Volker Rule
- Events, Conferences and Media Relations Regarding Initiatives of the Asset Management Group in cooperation, from time to time, with The Asset Managers Forum



Functional Interests: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing / PR / Advertising |
| <input type="checkbox"/> Credit / Risk Management | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Portfolio Manager |
| <input type="checkbox"/> Finance / Accounting | <input type="checkbox"/> Regulatory |
| <input type="checkbox"/> Financial / Investment Advisor | <input type="checkbox"/> Research |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> HR / Diversity | <input type="checkbox"/> Sales / Trading |
| <input type="checkbox"/> Internal Audit | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Legal / Compliance | |
| <input type="checkbox"/> Other (please list) <input type="text"/> | |

Please state any market, regulatory or industry issues of special concern to your firm.

Please state how you would like to benefit from your SIFMA membership.



MEMBERSHIP AGREEMENT

We hereby apply for membership in SIFMA Asset Management Group, and if admitted, agree:

- To comply with the By-Laws of the Association and to advance its purposes; and
- To pay such initial dues and assessments that are agreed to by the applicant and other dues, assessments and charges in the manner and amount as shall from time to time be fixed by the Association’s Board of Directors pursuant to the By-Laws.
- Provision of future notices will be sent by SIFMA AMG to the principal contact by means of electronic transmission.
- I/We hereby certify that the statements made herein are true and complete. I/We understand that in the event false information is given in this application or there are omissions of material facts, admission to membership in SIFMA Asset Management Group will automatically be denied; or if admission has previously been granted, such false information will be grounds for expulsion.

Sign:

Date:

Enter name above as your electronic signature.

DIRECTIONS:

To complete the membership process, SIFMA Asset Management Group requires the following:

1. Completed & Signed membership application
2. The applicant’s acknowledgement via email to confidential dues quote
3. The applicant’s confirmation via email that it wishes to be presented to the Board for final approval for membership

To send in your completed application:

- Type in your information, save the PDF to your desktop or hard drive and e-mail back to Rob Gannon at rgannon@sifma.org

OR

- Type in your information, print this form and fax to 212-313-1028 Attn: Rob Gannon

Robert F. Gannon
 SIFMA
 120 Broadway, 35th Floor, New York, NY 10271
 Phone: 212.313.1287 Fax: 212.313.1028
 Email: rgannon@sifma.org



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Title:

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