



POLITICAL CONTRIBUTION PRE-APPROVAL REQUEST

Requested By:	Rep# / Title:	Today's Date:
Is the proposed contribution to be made directly by the Covered Associate:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, who intends to make the proposed contribution (e.g., spouse, business affiliate, etc.):		

Proposed Contribution Information:	
Contribution Date:	
Recipient Name:	
Title (Including any City / County / State or other political subdivision):	
Contribution Amount:	\$

Have you made previous contributions to the proposed recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please indicate the date and amount of such contribution(s):	
If this is a campaign contribution, please complete the following:	<input type="checkbox"/> Elected Official <input type="checkbox"/> Candidate
Are you entitled to vote for the candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below I attest that the information contained on this request form is true and accurate to the best of my knowledge:

Requestor Name:	Signature:	Date:
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Broker/Dealer Use Only:

▪ Is the proposed recipient an official of a government entity to which our firm (or an affiliate of our firm) is currently providing advisory services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▪ Is the proposed recipient an official of a government entity to which our firm (or an affiliate of our firm) is currently seeking to provide advisory services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▪ Is the proposed recipient a political party of a state or locality to which our firm (or an affiliate of our firm) is currently providing advisory services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▪ Is the proposed recipient a political party of a state or locality to which our firm (or an affiliate of our firm) is currently seeking to provide advisory services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▪ Recipients are not government officials or candidates of state and state political subdivisions who can influence or have the authority for hiring an investment adviser	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Senior Management Must Approve:

Contribution Request has been: Approved Denied *(Contribution must be logged on the firm Gift / contribution log)*

Approver Name:	Signature:	Date:
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Notes:
