



The City of New York

To be completed by the City Agency prior to

Agency: _____ Transaction ID: _____

Check One: ☐ Proposal ☐ Award

Doing Business Data Form - Pension Investment Contracts

Any entity receiving, applying for or proposing on a contract for or related to the investment of assets of the pension systems of the City of New York, including pension investments through private equity, opportunistic fixed income, hedge funds and private equity real assets funds must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Prompt submission of a complete and accurate form is required for a proposal to be considered or a contract to be awarded.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public.

Please return the completed Data Form **promptly** by email to BAMDisclosures@comptroller.nyc.gov, followed by mail to the Office of the New York City Comptroller, Bureau of Asset Management, Compliance Department, 1 Centre Street, 8th Floor, New York, NY 10007. Please contact BAM Compliance at 212-669-7009 or at BAMDisclosures@comptroller.nyc.gov, with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity/GP Name: _____

Entity/GP
EIN /TIN: _____

Entity Filing Status (select one):

- ☐ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the key persons listed on page 2 and 3 who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☐ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type)
☐ Sole Proprietor ☐ Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Provide your email address and/or fax number in order to receive notices regarding this form by email or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist". If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced" and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as President, Executive Director, Sole Proprietor, Chairperson of the Board, Chief Investment Officer, Chairman, Managing Partner, Managing Director or Founder.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Controller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations, Head of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former COO: _____ on date: _____

Section 3: Principal Owners

List all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, check the appropriate box below to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If the owner was identified on the previous page as an officer, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. Attach additional pages if needed.

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: _____ MI: _____ Last: _____
Office Title: _____
Employer (if not employed by entity): _____
Birth Date (mm/dd/yy): _____ Home Phone #: _____
Home Address: _____

First Name: _____ MI: _____ Last: _____
Office Title: _____
Employer (if not employed by entity): _____
Birth Date (mm/dd/yy): _____ Home Phone #: _____
Home Address: _____

First Name: _____ MI: _____ Last: _____
Office Title: _____
Employer (if not employed by entity): _____
Birth Date (mm/dd/yy): _____ Home Phone#: _____
Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____
Name: _____ Removal Date: _____
Name: _____ Removal Date: _____

Section 4: Senior Pension Investment Contract Managers

List all senior managers who oversee **any** of the entity's contracts for or related to the investment of assets of City pension funds. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the presentation, solicitation, letting or administration of **any** of these contracts.* **You must list at least one Senior Manager, or your Data Form will be considered incomplete.** If a senior manager was previously identified as an officer or owner, fill in his/her name and title and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Pension Investment Contract Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Entity Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found ineligible to receive future City contracts.

Name: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

[Return this form promptly to the New York City Office of the Comptroller](#)

By Email: BAMDisclosures@comptroller.nyc.gov

**By Mail: Bureau of Asset Management, Compliance Department,
1 Centre Street, 8th Floor, NY, NY 10007**

* "Senior Managers" include, for example, the Head of Marketing, the Head of Investor Relations, the Head of Business Development and the Head of Client Relationship.