

Broker Request Letter for Broker Confirmations and Account Statements

Date
Broker Name
Broker Address

To Whom It May Concern:

To comply with the personal trading requirements of the TRS Employee Trading Policy of the Teacher Retirement System of Texas where I am an employee, I request that, starting immediately, your firm send duplicate broker confirmations for the following account(s), to the address listed below:

Account Name

Account Number

Each duplicate broker confirmation should contain the following information, when possible: (i) my name; (ii) the name and ticker symbol for the security involved; (iii) the number of shares, units, or contracts involved and the principal amount (fair market value) of each security involved; (iv) the date and time the order was placed; (v) the date and time each trade or transaction was executed; (vi) the price per share, unit, or contract at which the security was transacted; (vii) the interest rate and maturity date involved (if applicable); (viii) the nature of the transaction (*i.e.*, purchase, sale, or other acquisition or disposition); (ix) the name of the broker or bank used to conduct the trade; (x) the amount of any commissions or fees charged; and (xi) account number. This information should be e-mailed to the following address:

Investment.Compliance@TRS.state.tx.us

or mailed to the following address:

Investment Compliance Officer
Internal Audit Department
Teacher Retirement System of Texas
1000 Red River Street
Austin, TX 78701

Additionally, I am authorizing your firm to provide duplicate monthly statements directly to the TRS compliance officer, when the TRS compliance officer requests them. These statements only need to be supplied to TRS when the TRS compliance officer requests them. If you are unable to comply with any of the requests in this letter, please contact me immediately at the number listed below. Thank you for your assistance in this matter.

Employee name (printed)

Employee name (signed)

Other name, if required (printed)

Other name, if required (signed)

Employee phone number

Date