Business Continuity/Succession Planning

# Disclosures

**Firm** has developed a business continuity plan outlining how we will respond to events that significantly disrupt our business.

## **Contacting Us**

If, after a significant business disruption, please contact

* Name:
* Email:
* Phone Number:
* Address:
* Fax (if any):

## **Our Business Continuity Plan**

We plan to quickly recover and resume business operations after a significant business disruption and to respond by safeguarding our employees and property, making a financial and operational assessment, protecting the firm’s books and records, and allowing our customers to transact business. In short, our business continuity plan is designed to permit our firm to resume operations as quickly as possible, given the scope and severity of the significant business disruption.

Our business continuity plan addresses:

* data backup and recovery;
* remote/alternative office locations for employees;
* all critical systems;
* financial and operational risk assessments;
* alternative communications with customers employees, and regulators;
* key contractors,
* bank and counterparty impact;
* instructions for succession, death, incapacitation of key personnel;
* regulatory reporting;

and a list of client custodians of funds and securities if the firm is unable to continue its business operations.

## **Varying Disruptions**

Significant business disruptions can vary in their scope, and include any of the following: Disaster/Emergencies, such as Earthquakes, Fires, Pandemics, and/or the Succession/Death/Incapacitation of key personnel.

## **For More Information**

* Name:
* Email:
* Phone Number:
* Address:
* Fax (if any):

**Business Continuity Assessment**

**Disaster/Scenarios Planning**

Do you have a plan in place to continue business operations in light of disruptions?

(Natural disaster, pandemic, fires, etc.)

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Backup/office locations**

Do you have cloud/electronic backup location for office/records in light of disruptions?

(Natural disaster, pandemic, fires, etc.)

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Communication**

Do you have a way to communicate with regulators, vendors, custodians, and clients?

(virtual conferences, telephone, interest/app)

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Training**

Do you have a way to train, test, and communicate procedures with key personnel?

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Unexpected Death, Illness, or Incapacitation**

Do you have a succession plan in case of unexpected death or incapacitation?

(communication to authorized parties, clients)

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Retirement/Selling Practice**

Do you have a plan in case of expected retirement/selling practice?

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Corporation/Business Entity**

Do you have a plan to close or transfer a business/entity in expected or unexpected circumstances?

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Books, Records, Passwords**

Do you have a plan to transfer business passwords/records to authorized parties in expected or unexpected circumstances?

Yes: [Type text]

No: [Type text]

Briefly mention (any gaps): [Type text]

**Designation Person(s):**

**Authorization Levels for succession plan**

* **Principal/equity owners** – full authorization
* **Designated persons** - Someone with authorization to continue business operations and/or estate matters
* **Staff** – someone who will continue business operations from admin. Admin gives them access to information needed to fulfill their business operations only.
* **Contributors** – works with admin/staff to continue business operations. They can be a succession partner or third-party worker.

**Persons:**

Admin – (Principal of Firms)

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any): [Type text]

Admin (responsible for monitoring, updating, and testing the firm’s BCP) –

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any): [Type text]

Admin (designated persons can be an executor of estate, spouse, operations partner) –

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

Admin (will maintain either physical or electronic copies of its BCP plan at our primary office location or a backup location) –

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

Staff (primary) –

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

Staff (secondary) –

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

Contributors (consultants/key vendors) – who are your vendors or consultants

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

**What to do**

|  |  |
| --- | --- |
| **Admin/Principal** | **Staff/Key Personnel** |
| Disaster/Emergencies Planning | Key Personnel Procedures |
| Firm Mergers/Acquisitions | Books/Records Passwords  (Client records) |
| Business/Corporation Procedures | Testing/Remote working |
| Retirement/Transfer of Personnel | Business Communications |
| Instructions upon Succession/Death/Incapacitation | |

# Business Description

**Firm Policy**

**What is your Standard Business Disruption (SBD) plan (brief summary)?**

[Type text]

**How often is this plan tested?**

[Type text]

**Where will you store the BCP Plan?**

# In cases of a standard business disruption, our firm will store its records in print and/or electronic format at our primary office location:

**Custody of Funds and Securities**

**Custodian #1**

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any): [Type text]

**Custodian #2**

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any): [Type text]

If so, how are assets safeguarded in cases on an emergency?

# N/A

**Books and Records**

# What is the location of your firm’s primary books and records (hard copy and electronic)?

**Location #1**

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any): [Type text]

# Where are your firm’s back-up location books and records (hard copy and electronic).

**Location #2**

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

**Location #3**

* Name: [Type text]
* Email: [Type text]
* Phone Number: [Type text]
* Address: [Type text]
* Fax (if any):

Describe how your firm backs up and/or will recover its data.

# [Type text]

**Risk Assessments**

Have you performed a risk assessment of your BCP Plan?

[Type text]

How do you mitigate the risks associated with the BCP Plan (or SBD’s)?

[Type text]

Are there any specific risks to mention here associated with SBD (location of employee, other)

[Type text]

**Primary Systems**

What are your firm’s critical primary systems?

# [Type text]

Who has responsibility for those systems?

# [Type text]

Does the primary systems have safeguards in cases of SBD’s

# [Type text]

### Trading Instructions

Describe how your firm will handle order taking in the event of an SBD?

[Type text]

### Entering Trades

### Describe your firm’s procedures if an SBD prevents the firm from entering orders received from customers?

[Type text]

### Trading Execution

Describe your firm’s procedures if an SBD prevents the firm from executing orders received from customers?

### Other Critical Vendors

### How would you contact other critical vendors?

Our firm will use the following methods to contact our critical vendors ………………….

**Communications**

**Customers**

*Describe the alternate forms of communications that your firm will use with clients in the event of an SBD.*

Our firm will communication with clients using ………………….

**Employees**

*Describe the alternate methods that your firm will use to communicate with its employees in the event of an SBD.*

Our firm will communicate with our employees using ………..

**Regulators**

*Describe the alternate means of communications that your firm will use to communicate with its regulators in the event of an SBD.*

Our firm currently uses these methods to communicate with regulators.

* Email/Electronic communications
* Fax
* Telephone
* Internet

## **Succession & Business constituents, counter parties**

*Describe your firm’s procedures to identify changes in the ability or capacities of critical business constituents, banks, and counter parties?*

We have contacted our critical business constituents with the following instruction in cases of de………

## **Banks**

*Describe your firm’s bank and lending communications?*

***TEXT EXAMPLE:* We have contacted our banks and lenders……….**

Our bank maintaining our operating account is: [*list bank name, address, phone number, and contact*].

**Regulatory Reporting**

*Describe how your firm will manage its regulatory requirements in the event of an SBD (i.e* ***internet is down).***

Compliance Review Date:[Type text]

Attestation

Signed: [Type text]

Title: [Type text]

Date: [Type text]