### REQUEST FOR PROPOSALS FOR PORTFOLIO VERIFICATION SERVICES

### RFP #25-05

## EXHIBIT G – Client References

Please provide a list of five institutional clients including name, contact, telephone number, asset values, and number of years the client has retained your firm to provide the services described in this RFP. Preference will be provided to Offerors who are able to include at least one current or recent public pension fund similar in scope and purpose as the WSIB. The WSIB may contact any of the clients listed below, or other clients, as references without advanced notification to your firm.

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm Name** |  | | |
| Contact |  | | |
| Phone number and/or Email |  | | |
| Asset Values |  | | |
| When Retained |  | Number of Years Retained |  |
| Description of work performed |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm Name** |  | | |
| Contact |  | | |
| Phone number and/or Email |  | | |
| Asset Values |  | | |
| When Retained |  | Number of Years Retained |  |
| Description of work performed |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm Name** |  | | |
| Contact |  | | |
| Phone number and/or Email |  | | |
| Asset Values |  | | |
| When Retained |  | Number of Years Retained |  |
| Description of work performed |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm Name** |  | | |
| Contact |  | | |
| Phone number and/or Email |  | | |
| Asset Values |  | | |
| When Retained |  | Number of Years Retained |  |
| Description of work performed |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm Name** |  | | |
| Contact |  | | |
| Phone number and/or Email |  | | |
| Asset Values |  | | |
| When Retained |  | Number of Years Retained |  |
| Description of work performed |  | | |