

FIDUCIARY GOVERNANCE FRAMEWORK

Governance Policy System (GPS)

Adopted

North Dakota State Investment Board · June 23, 2026

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Welcome to the GPS

The North Dakota State Investment Board's living, navigable framework for disciplined collective fiduciary decision-making.

Why the GPS Was Created & What It Is

Fundamentally, board governance is about disciplined collective decision-making: identifying the key board decisions, assigning clear authority, and providing the insights required for prudent judgment. The GPS replaces a static policy manual with a living system organized around how the Board actually governs.

The GPS is structured around five integrated parts, each grounded in statute. Together they form a structured cycle of fiduciary decisions, policy approvals, governance discipline, and public accountability:

PART 1

Fiduciary Foundation

The legal and statutory bedrock. Defines purpose, beneficiaries, fiduciary duties, and all conduct policies governing Board members and staff.

PART 2

Roles

Explicit role definitions across all levels — Legislature, Board, Committees, Executive Director, and all four lines of accountability.

PART 3

Authorities & Delegation

Who has the power to act, under what conditions, and with what limitations. Maps authority explicitly across all governance domains.

PART 4

Key Decisions

The Decision Register — a complete inventory of key Board approvals, organized by committee and cadence.

PART 5

Timing

The Decision Calendar and cadence framework — when decisions are made and what triggers action outside the regular calendar.

The Purpose of Governance Policy

Governance policy has two distinct but integrated targets. First, it guides the Board in how fiduciary decisions are made and how roles are exercised. Second, it provides executives and staff with clear, navigable delegation so that Board intent is executed consistently and without ambiguity. The two sections below explain each in turn.

For the Board — Key Decisions and How Decisions Get Made

Governance policy should define how the Board governs, not how staff operate. Trustees should be able to clearly explain how the Board reaches decisions and the role each trustee plays. The focus is on fiduciary responsibilities, decision framing and resolution, authority reserved to the Board versus delegated, and committee roles and reporting. It establishes explicit decision architecture (inputs, constraints, timing), reinforces a long-term, patient-capital orientation, and prevents drift into operational or advisory activity.

The Board has five fundamental powers:

1. Conducting the business of the Board and Committees;
2. Setting direction and policy;
3. Approving key decisions and prudently delegating authority;
4. Overseeing execution within policy; and
5. Verifying the reliability of information, advice, and reporting.

Governance policy primarily addresses the Board's and trustees' roles in the first three powers, enabling the Board to govern through direction and delegation while allowing execution, oversight,

and verification to occur without confusion.

For Executive Management & Staff — Clarity of Delegation

For executives and staff, governance policies function as an operational decision system. The purpose is to enable independent execution of Board direction without continual interpretation or informal escalation. Staff should be able to determine what authority is delegated, to whom, within what limits, and when escalation is required.

A well-designed policy makes delegation boundaries easy to find and apply, reduces reliance on precedent or institutional memory, and supports consistent decision-making across the organization. Navigability is therefore a core delegation control: it assures staff can execute Board-approved authority consistently, within limits, and aligned with Board intent. Poor navigability increases discretion and workarounds; strong navigability reinforces discipline and accountability.

How to Navigate & Use the GPS

The GPS works like a website or a map. Use the tabs at the top of the page to move between the five parts of the system. Within each part, content is organized into expandable sections you can open and close as needed.

- **Tabs** — select any of the five parts (Fiduciary Foundation, Roles, Authorities & Delegation, Key Decisions, Timing) from the navigation bar.
- **Search** — use the search tool to find a policy, term, committee, or decision by keyword; results link directly to the relevant section.
- **Glossary** — open the glossary drawer for definitions of key governance terms used throughout the system.
- **Expandable sections** — select a section heading to reveal its detail. The system is fully keyboard-operable and built to WCAG 2.1 AA accessibility standards.

Fiduciary Foundation

The SIB's fiduciary foundation rests on the legal and statutory bedrock of the North Dakota Century Code (N.D.C.C. Chapter 21-10). All GPS policies are grounded in statute.

Purpose & Mission of the SIB

— MISSION

The mission of the North Dakota State Investment Board is to **prudently invest entrusted assets to generate long-term value** while meeting liquidity, fiduciary, and statutory obligations.

All GPS policies are based on statute and the North Dakota Century Code (N.D.C.C. Chapter 21-10) — the legal bedrock of collective decision-making, not aspirational guidance.

Beneficiaries

— WHO WE SERVE

For purposes of this manual, beneficiaries of the Retirement and Investment Office (RIO) and the SIB include those entities and participants defined by statute, as well as those that have contracted for investment or related services under statutory authority. This includes all current and future beneficiaries of the funds managed by the SIB, such as public pension and retirement funds, legacy and trust funds, insurance and guarantee funds, and growth and stabilization funds.

In fulfilling its fiduciary duties, the SIB recognizes the principle of **intergenerational equity** and balances the needs of current beneficiaries with the responsibility to preserve purchasing power, financial sustainability, and flexibility for future beneficiaries, taking into account differing fund purposes, time horizons, and risk tolerances.

Categories of NDSIB beneficiaries

Direct Contractual Beneficiaries	Program Beneficiaries	Intergenerational / Sovereign Beneficiaries
Retirees	Public school students	Current citizens
Active members	Health program recipients	Future citizens
Injured workers / Business Owners	Cultural program beneficiaries	
529 account beneficiaries		

Unlike a single-purpose pension fund, NDSIB has multi-client fiduciary complexity:

- Different time horizons
- Different liquidity profiles
- Different political sensitivities
- Different statutory constraints

This can materially affect asset allocation, risk tolerance, and reporting.

Stakeholder Alignment and Relations

Effective stakeholder relations are essential to sustaining trust, legitimacy, and long-term effectiveness in a public fiduciary organization. Because many stakeholders — beneficiaries, policymakers, regulators, participating agencies, and the public — interact with the organization episodically or indirectly, the quality, consistency, and tone of those interactions materially shape confidence in the institution and its governance.

The Executive Director shall assure that all interactions with stakeholders, the public, and other government entities are conducted in a manner that reflects the agency's core values of integrity, accountability, and service, and that reinforces the organization's fiduciary purpose and public mandate. Communications shall be accurate, clear, timely, and professional, and shall appropriately distinguish established facts, policy positions, and analytical conclusions from personal opinions or commentary.

By maintaining disciplined, transparent, and respectful stakeholder relations — often without seeking visibility or advocacy — the organization supports informed oversight, reduces

reputational and governance risk, and preserves the trust necessary to operate effectively across political cycles and market environments.

See also — External Communications

Fiduciary Duties

— CORE DUTIES

By virtue of the responsibilities assigned to the State Investment Board (SIB) by N.D.C.C. Chapter 21-10, the members of the SIB are fiduciaries for multiple statutory funds. Through contractual obligations, fiduciary responsibility extends to contracted additional funds.

A fiduciary is a person who has discretionary authority or management responsibility for assets held in trust to which another has beneficial title or interest. The fiduciary is responsible for knowing the "prudent requirements" for the investment of trust assets. Remedial actions may be assessed against fiduciaries for violations of fiduciary duty.

The Duty of Loyalty

Each Board and Committee member shall discharge their duties solely in the interest of the beneficiaries and participants, placing those interests above any personal, political, or external considerations, avoiding conflicts of interest, and acting with undivided loyalty to the funds entrusted to the Board.

The Duty of Compliance

Members shall comply with all applicable statutes, regulations, Board policies, ethics requirements, duly adopted procedures and plan documents, assuring that all actions remain within the scope of lawful authority and delegated responsibility including, for example, Open Meetings.

The Duty of Prudence

A prudent investor is evaluated based on the demonstration of prudence compared to prevailing peer practices.

North Dakota state law provides broad fiduciary guidelines for the SIB members. NDCC § 21-10-07 specifies that the State Investment Board shall apply the prudent investor rule in investing for funds under its supervision except that § 21-10-07.1 requires the SIB to give preference to

qualified investment firms and financial institutions with a presence in the state for Legacy Fund investment purposes. "The prudent investor rule" means that in making investments, the fiduciaries shall exercise the judgment and care, under the circumstances then prevailing, that an institutional investor of ordinary prudence, discretion, and intelligence exercises in the management of large investments entrusted to it, not regarding speculation but regarding the permanent disposition of funds, considering probable safety of capital as well as probable income.

Procedural Prudence

Procedural prudence is a term that has evolved to describe the appropriate activities of a person (or persons) who act in a fiduciary role. Court decisions to date indicate that procedural prudence is more important in assessing fiduciary activities than actual portfolio performance. A fiduciary cannot be faulted for making the "wrong" decision provided that proper due diligence was performed.

The key to successfully discharging the SIB's fiduciary duties is the establishment of and adherence to proper due diligence procedures. While not bound by ERISA (Employee Retirement and Income Security Act of 1974), the SIB will use the procedural prudence outlined by ERISA as guidance in developing its procedures:

- An investment policy must be established for each fund and must be in writing.
- Plan assets must be diversified, unless under the circumstances it would be prudent not to do so.
- Investment decisions must be made with the skill and care of a prudent expert.
- Investment performance must be monitored.
- Investment expenses must be controlled.
- Prohibited transactions must be avoided.

The Board demonstrates prudence through process evidence, including:

- Consideration of alternatives and trade-offs.
- Clear delegation limits and escalation triggers.
- Ongoing oversight supported by agreed metrics.
- Independent verification of results.
- Transparent reporting, including exceptions and corrective actions.

Conflicts of Interest & Disclosure

— CONDUCT POLICY

Conflicts of interest and the appearance of impropriety must be avoided by the SIB, the Executive Director, and all executives and staff. No individual subject to this policy shall allow family, social, professional, financial, political, or other relationships to influence, or appear to influence, their judgment in discharging their official responsibilities.

The SIB, the Executive Director, and all executives and staff must refrain from financial and business dealings that tend to reflect adversely on the proper discharge of their duties or create the appearance of divided loyalty. They must avoid situations that compromise, or could reasonably be perceived to compromise, their independence, objectivity, or fiduciary obligation to act in the exclusive interest of beneficiaries and the fund.

If a conflict of interest unavoidably arises, the individual shall immediately disclose the conflict in writing.

- The Executive Director shall disclose the conflict to the Chair and the Director of Audit (DA).
- Executives and staff shall disclose the conflict to the Executive Director (or designee).
- Matters involving the Executive Director or systemic concerns shall be referred to the Audit, Risk and Compliance Committee.

The individual shall comply with any subsequent recommendations or directives issued by the appropriate authority, including recusal, mitigation, or other remedial measures.

Prohibited Conduct

Conflicts of interest to be avoided include, but are not limited to:

- Receiving consideration, compensation, or benefit for advice given to a person concerning any matter over which the individual has direct or indirect control or influence.
- Acting as an agent, representative, or attorney for a person in a transaction involving the SIB.
- Participating in any transaction, decision, or recommendation in which the individual has acquired material non-public information through their official position.
- Using confidential or privileged information obtained through employment or Board service for personal gain or for the benefit of another.

Definition

For purposes of this policy, "Conflict of Interest" means a situation in which a Board member, the Executive Director, an executive, or a staff member has a conflict of interest as that term is defined in North Dakota statute and in rules promulgated by the North Dakota Ethics Commission under N.D.A.C. Chapter 115-04-01. This policy is intended to be interpreted consistently with all applicable provisions of the North Dakota Century Code and regulations of the North Dakota Ethics Commission.

Affirmation and Disclosure

The Executive Director shall establish and maintain written policies and procedures governing: disclosure of conflicts of interest; annual affirmations of understanding of this policy; ongoing reporting of potential or actual conflicts; documentation and retention of disclosures; and procedures for review and determination of appropriate mitigation actions.

The Executive Director, all executives, and all staff shall affirm their understanding of this policy annually, in writing, and shall promptly disclose any actual, potential, or perceived conflicts of interest that may arise. Board members shall affirm compliance with disclosures in accordance with Board policy and applicable law.

Disclosure

1. Purpose

This policy is adopted pursuant to NDCC § 21-10-01 et seq. and applicable fiduciary standards under NDCC § 54-52-02.9 to ensure that Trustees act solely in the interest of beneficiaries and maintain independence from actual or perceived conflicts of interest.

2. Definitions

Financial Interest means any direct or indirect ownership, compensation arrangement, employment relationship, or other material economic interest held by a Trustee or an Immediate Family Member.

Immediate Family Member includes a spouse, domestic partner, dependent child, or any person residing in the Trustee's household.

Material Relationship means any relationship that a reasonable person could conclude may influence, or appear to influence, the Trustee's judgment.

Event-Driven Disclosure means disclosure required within ten (10) business days of a material change in circumstances.

Meeting Disclosure

At the time of roll call for each Board meeting, each Trustee shall affirm on the record whether they have any actual, potential, or perceived conflict of interest with respect to any item on the meeting agenda.

3. Annual Disclosure Certification

Each Trustee shall complete and sign an annual written disclosure statement affirming compliance with fiduciary duties of loyalty, care, and compliance under NDCC § 54-52-02.9 and applicable law. The annual disclosure shall: identify all Financial Interests and Material Relationships; affirm the Trustee's understanding of the duty to act solely in the interest of beneficiaries; and acknowledge the obligation to update disclosures promptly upon change.

The Governance and Policy Review Committee shall review annual disclosures and report compliance status to the Board.

4. Event-Driven Disclosure

A Trustee shall disclose any new or changed Financial Interest or Material Relationship within ten (10) business days of becoming aware of such interest.

5. Recusal

If a matter presents an actual or potential conflict:

- The Trustee shall disclose the conflict prior to discussion;
- The disclosure shall be recorded in the meeting minutes consistent with NDCC § 44-04-19;
- The Trustee shall abstain from discussion and vote and leave the room during deliberation unless counsel advises otherwise;
- If the Chair is conflicted, the Vice Chair shall assume responsibility for enforcing this procedure.

6. Public Records

Disclosure forms and related materials shall be maintained in accordance with NDCC § 44-04-18 and § 44-04-30. Confidential investment information shall be handled consistent with NDCC § 44-04-22.

External Communications

1. Authority to Speak for the Board

Pursuant to NDCC § 21-10-01 et seq., the Board acts only through official Board action taken in compliance with NDCC § 44-04-19.

The Chair serves as official spokesperson on governance matters. The Executive Director serves as official spokesperson on operational and investment matters. Individual Trustees have no independent authority to represent the Board unless expressly authorized by Board action.

2. Personal Capacity Statements

When speaking in a personal capacity, Trustees shall clearly state: *"The views expressed are my own and do not represent the position of the North Dakota State Investment Board."*

3. Legislative Communications

Board positions presented to legislative bodies must reflect official Board action. Testimony on behalf of the Board requires coordination with the Chair and Executive Director.

4. Crisis Communications

In the event of a material legal, reputational, or operational matter:

- The Executive Director shall notify the Chair promptly;
- The Chair, Executive Director, and legal counsel shall determine communication strategy;
- No Trustee shall independently issue public statements regarding such matter without authorization.

5. Confidentiality

Trustees shall not disclose non-public investment, personnel, legal, or beneficiary information protected under NDCC § 44-04-22 or other applicable law. Digital and social media communications are subject to this restriction and applicable public records retention requirements under NDCC § 44-04-30.

Board Access to Confidential Information

— CONDUCT POLICY

Purpose

This policy is adopted pursuant to NDCC § 21-10-01 et seq. and applicable fiduciary standards under NDCC § 54-52-02.9 to assure that Board members have timely and appropriate access to information required to fulfill fiduciary duties, while safeguarding confidential, sensitive, and market-moving information protected under NDCC § 44-04-22 and preserving the integrity of the SIB's governance and operating model.

Scope

This policy applies to:

- All Board members and Committee members, including external Committee members;
- The Executive Director, executives, and staff responding to information requests;
- All forms of information — written, verbal, digital, and system access — held by the Retirement and Investment Office or its service providers.

This policy governs information requests beyond the materials routinely provided in Board and Committee meeting packets. Materials included in approved meeting packets are, by definition, accessible to Board and Committee members in accordance with NDCC § 44-04-19 and confidentiality protections under § 44-04-22.

Definitions

Confidential Information means non-public information held by the SIB or RIO, including investment, personnel, legal, contractual, and beneficiary information protected under NDCC § 44-04-22 or other applicable law.

Material Non-Public Information (MNPI) means information not generally available to the public that a reasonable investor would consider significant in making an investment decision, including pending transactions, manager evaluations in progress, deal pipeline, and material portfolio actions.

Fiduciary Purpose means the exercise of a Board or Committee responsibility to set direction, approve, oversee, verify, or report, consistent with the Board's five fundamental powers.

Guiding Principles

The Board affirms the following principles governing access to information:

- **Fiduciary Purpose:** Access shall be directly linked to a defined fiduciary responsibility — approve, oversee, verify, or report — and shall support oversight and decision-making, not operational involvement.

- **Need-to-Know Standard:** Information provided shall be limited to what is necessary, proportionate, and relevant to the fiduciary purpose identified.
- **Channel Integrity:** Information requests beyond routine meeting materials shall follow formal governance channels established under this policy. Routine interaction between Committee Chairs and designated staff liaisons in furtherance of approved Committee work plans is not restricted by this policy.
- **Confidentiality and Market Integrity:** Protection of MNPI, attorney-client privileged information, personnel information, and sensitive operational data is paramount and shall not be subordinated to convenience or expediency.

Information Classification and Access Control

The following classifications govern Board access to information held by the RIO:

Information classification and access control		
Classification	Examples	Access Control
Board Materials	Approved Board and Committee packets, decision memoranda, performance reports	Full access for Board and Committee members
Confidential	Risk reports, manager evaluations, internal audit working papers	Controlled access through Executive Director or Chief Investment Officer
Highly Confidential	Personnel matters, active litigation, contract negotiations	Restricted access through the Executive Director
Market-Sensitive (MNPI)	Active trades, deal pipeline, pre-announcement material portfolio actions	Strictly limited; exceptional approval only by the Executive Director in consultation with the Office of the Attorney General

Access Request Protocol

All requests for information beyond routine meeting materials shall be submitted in writing through the Executive Director, with the Communications and Outreach Director maintaining the request log.

Information request approval authority

Request Type	Approval Authority
Routine	Communications and Outreach Director
Sensitive	Executive Director
Highly Sensitive	Executive Director with notification to the Board Chair
Exceptional (including MNPI access)	Executive Director and Board Chair, with Office of the Attorney General consultation as required

Written requests for non-public information shall identify:

- The fiduciary purpose linked to a Board or Committee responsibility;
- The defined scope and timeframe of the information sought;
- Confirmation that the request does not duplicate existing Board materials.

The Executive Director shall acknowledge requests promptly and respond within a reasonable period appropriate to the request’s complexity and sensitivity. Denials shall be in writing with stated rationale and may be appealed to the Board Chair.

Prohibited Practices

Board and Committee members shall not:

- Request non-public information directly from staff outside the channels established in this policy;
- Direct staff to perform analysis, research, or work outside approved Board and Committee work plans;
- Access or use information obtained through Board service for personal, political, commercial, or other non-fiduciary purposes;
- Conduct independent or parallel due diligence on investment managers, transactions, or counterparties outside Board-approved processes;
- Share confidential information with persons not authorized to receive it, including spouses, family members, business associates, or media.

Information Handling and Security

The following handling requirements apply to confidential and highly confidential information:

- Where appropriate, sensitive materials shall be made available for review on-site at RIO offices or through secure electronic means designated by the Executive Director;

- Access restrictions may include view-only access, watermarking, time-limited availability, and prohibition on copying, downloading, or forwarding;
- Sensitive information shall not be transmitted via unsecured channels, including personal email, personal devices, text messaging, or non-approved cloud storage;
- Public records retention requirements under NDCC § 44-04-30 apply to all communications regardless of channel.

MNPI Receipt and Quarantine

A Board or Committee member who inadvertently receives or becomes aware of MNPI shall:

- Notify the Executive Director and Chief Legal Counsel promptly;
- Refrain from trading in any affected security or instrument and from sharing the information with any other person;
- Recuse from any Board or Committee deliberation in which the inadvertent receipt could compromise the integrity of the decision-making process, pending guidance from legal counsel.

Confidentiality and Legal Obligations

Board and Committee members shall:

- Annually affirm in writing their confidentiality and fiduciary obligations under this policy and applicable law;
- Comply with all restrictions on the use of MNPI and other non-public information;
- Adhere to applicable personal trading, disclosure, and recusal requirements consistent with the Disclosure policy and the Conflicts of Interest policy;
- Comply with continuing obligations following the conclusion of Board or Committee service with respect to information acquired during such service.

Documentation and Audit Trail

The Communications Director, under the direction of the Executive Director, shall maintain a log of all formal information requests submitted under this policy, including:

- Date of request, requester, classification, approval authority, and disposition;
- Date of access provided and form of access (on-site, secure portal, transmitted copy);
- Any access restrictions imposed.

The Executive Director shall report to the ARCC on an exception basis regarding denied requests, withdrawn requests, and material handling incidents. The Internal Audit function may review the

log as part of its risk-based audit plan. Material breaches shall be escalated by the Executive Director to the Board Chair and to the ARCC.

Enforcement

Breaches of this policy may result in:

- Formal reprimand by the Board Chair, on recommendation of the GPRC;
- Committee reassignment or removal, consistent with applicable law and Board authority;
- Referral to the North Dakota Ethics Commission or other oversight bodies, where appropriate;
- Other actions consistent with governing statutes and the Conflicts of Interest policy.

Periodic Review

This policy shall be reviewed by the GPRC at least every three (3) years, or sooner upon material changes in:

- Regulatory or statutory requirements;
- The Board's governance structure or delegation framework;
- Technology, cybersecurity, or information-handling standards relevant to access controls.

See also — Disclosure; Conflicts of Interest and Appearance of Impropriety; External Communications; Use of Artificial Intelligence; Securities Litigation Oversight & Annual Reporting.

Trustee Travel Policy

— CONDUCT POLICY

1. Purpose

Trustee travel shall support the Board's fiduciary obligations under NDCC § 21-10-01 et seq. and NDCC § 54-52-02.9.

2. Fiduciary Purpose Standard

Reimbursable travel must relate to one or more of the following:

- Trustee education aligned with Board-approved curriculum;
- Due diligence on material investments;
- Governance or peer benchmarking;

- Statutory representation responsibilities.

3. Pre-Approval

- Routine domestic travel requires prior approval of the Chair.
- International or unusually high-cost travel requires Board approval.

4. Reimbursement

Travel reimbursement shall comply with applicable state travel policies and reimbursement rates. Expense documentation must be submitted within thirty (30) days of travel completion.

5. Post-Travel Reporting

Within thirty (30) days of travel completion, the Trustee shall provide a written summary to the Board describing:

- Key insights gained;
- Relevance to Board priorities;
- Recommended follow-up actions.

6. Transparency

An annual summary of Trustee travel expenditures shall be included in Board materials consistent with NDCC § 44-04-18.

Oath of Office

— CONDUCT POLICY

1. Statutory Requirement

Each Trustee shall execute the oath of office required under NDCC § 44-04-10 and § 54-06-01 prior to participating in Board deliberations or voting.

2. Fiduciary Acknowledgment

The oath shall acknowledge:

- Duty of loyalty to beneficiaries;
- Duty of care consistent with the prudent investor/prudent expert standard under NDCC § 54-52-02.9;

- Duty of compliance with applicable statutes and Board policies;
- Obligation to avoid conflicts of interest;
- Commitment to continuing fiduciary education.

3. Annual Reaffirmation

At the first meeting of each fiscal year, Trustees shall reaffirm their oath and fiduciary obligations. Reaffirmation shall be recorded in the minutes consistent with NDCC § 44-04-19.

4. Record Retention

Executed oaths shall be maintained in permanent Board records consistent with NDCC § 44-04-30.

5. Non-Compliance

A Trustee who has not executed or reaffirmed the required oath may not vote or participate in official Board action until compliance is achieved.

Use of Artificial Intelligence

— CONDUCT POLICY

1. Purpose

The purpose of this policy is to establish principles, governance standards, and control requirements governing the use of Artificial Intelligence (AI) technologies by the North Dakota State Investment Board ("Board") and the Retirement and Investment Office ("RIO") staff. This policy is adopted pursuant to NDCC § 21-10-01 et seq. and is intended to assure that the use of AI supports the Board's fiduciary obligations under NDCC § 54-52-02.9, protects confidential information under NDCC § 44-04-22, and complies with applicable open records and open meetings laws.

2. Scope

This policy applies to: all Board members; the Executive Director; all RIO employees; and contractors and service providers acting on behalf of the Board where AI tools are used in connection with Board business.

3. Definitions

Artificial Intelligence (AI) means software systems or tools that perform tasks typically requiring human intelligence, including but not limited to machine learning systems, predictive models, generative AI, large language models, natural language processing systems, and automated decision-support tools.

Generative AI means AI systems that generate text, images, code, models, or other content in response to prompts.

Material Decision Context means any matter involving investment decisions, manager selection, asset allocation, procurement, risk management, governance, personnel, benefit determination, or other actions that may materially affect beneficiaries or public funds.

4. Guiding Principles

- **Fiduciary Primacy:** AI tools may support but shall not replace the exercise of independent fiduciary judgment required under NDCC § 54-52-02.9.
- **Human Accountability:** All material decisions remain the responsibility of identified individuals and the Board acting collectively. AI outputs shall not be treated as authoritative without human review.
- **Confidentiality Protection:** Confidential investment information, proprietary data, and non-public records protected under NDCC § 44-04-22 shall not be entered into publicly available AI systems unless explicitly authorized and protected by appropriate contractual safeguards.
- **Transparency and Documentation:** Where AI tools materially inform analysis or recommendations presented to the Board, staff shall document the role of AI in the analytical process consistent with NDCC § 44-04-18 and § 44-04-30.
- **Security and Risk Management:** AI use shall comply with Board-approved cybersecurity, data governance, and enterprise risk management policies.

5. Permissible Uses

Subject to safeguards in this policy, AI may be used for:

- Research support and background analysis;
- Drafting and editing non-final documents;
- Data summarization and pattern identification;
- Scenario modeling and analytical support;
- Administrative efficiency improvements;
- Education and training purposes.

6. Prohibited Uses

The following uses are prohibited unless expressly approved by the Executive Director and consistent with law:

- Entering confidential investment information into public AI platforms without contractual data protection safeguards;
- Delegating final investment decisions to automated AI systems;
- Using AI to generate official Board positions without human validation and approval;
- Circumventing public records retention requirements;
- Creating synthetic communications that misrepresent Board authority or official positions.

7. Investment Decision Support

Where AI tools are used in connection with investment analysis: AI outputs shall be considered advisory only; material assumptions must be independently validated; documentation shall identify the extent to which AI informed analysis; and final recommendations shall clearly reflect professional judgment and fiduciary review. The use of AI shall not dilute the prudent investor/prudent expert standard required under NDCC § 54-52-02.9.

8. Governance and Oversight

8.1 Executive Director Responsibilities. The Executive Director shall: approve AI tools used for official business; ensure appropriate vendor due diligence and contractual safeguards; integrate AI risk into enterprise risk management; and report material AI-related risks or incidents to the Audit, Risk and Compliance Committee.

8.2 Audit, Risk and Compliance Committee Oversight. The Audit, Risk and Compliance Committee shall: oversee AI-related operational, cybersecurity, and compliance risks; review AI governance practices periodically; and ensure alignment with internal audit plans, where appropriate.

9. Vendor and Third-Party AI Use

Contracts with external managers, consultants, or service providers that materially use AI in connection with Board assets shall: disclose such use when more than incidental; provide assurances regarding data confidentiality and cybersecurity; and confirm compliance with applicable law and fiduciary standards.

10. Records Retention

AI-generated content used in Board business constitutes a public record where required under NDCC § 44-04-18 and shall be retained in accordance with NDCC § 44-04-30. Prompt histories or AI

interactions that materially inform recommendations to the Board shall be retained as part of the decision-support record.

11. Training

Trustees and staff shall receive periodic education regarding: appropriate AI use; data confidentiality risks; and fiduciary implications of AI-supported analysis.

12. Periodic Review

This policy shall be reviewed at least every two (2) years or more frequently if significant technological or regulatory developments warrant revision. The Board recognizes that AI tools may enhance analytical depth and operational efficiency. However, *prudence is measured by the quality of human judgment exercised in oversight, not by the sophistication of tools employed.*

Securities Litigation Oversight & Annual Reporting

— CONDUCT POLICY

Oversight of securities litigation affecting the Board's investment portfolios is a fiduciary responsibility of the Board, supported by management. The Executive Director shall provide the Board, at least annually, with a written report on the status of securities litigation matters affecting the System's portfolios. The report shall enable the Board to fulfill its fiduciary duty of prudence in safeguarding investment assets entrusted to it.

The Executive Director's Annual Securities Litigation Report shall address, at a minimum:

1. Portfolio Exposure & Case Inventory

- Summary of all material securities litigation matters in which the System is participating or eligible to participate;
- Identification of cases involving direct litigation, opt-out actions, lead plaintiff roles, group litigation, anti-trust claims, or class action participation;
- Aggregate market value exposure associated with affected holdings.

2. Participation Decisions

- Summary of participation decisions made during the reporting period (e.g., passive class participation, opt-out, direct filing, lead plaintiff status);

- Confirmation that such decisions were made consistent with the Board-approved Securities Litigation Policy.

3. Claims Activity & Recoveries

- Status of claims filed;
- Settlements received or anticipated;
- Total recoveries during the reporting period and cumulative recoveries to date;
- Estimated costs associated with participation.

4. Outside Counsel & Legal Coordination

- Identification of any special assistant attorneys or outside counsel engaged;
- Confirmation of coordination with and concurrence of the Office of the Attorney General, where required.

5. Risk & Threshold Assessment

- Application of any Board-approved dollar or risk thresholds used to evaluate opt-out or direct litigation decisions;
- Assessment of litigation risks, costs, and expected benefits.

6. Policy & Process Review

- Confirmation that monitoring processes remain effective;
- Recommendation of any proposed updates to the Securities Litigation Policy, thresholds, or procedures.

7. Fiduciary & Governance Considerations

- Assessment of whether current practices align with fiduciary duties of loyalty and prudence;
- Any emerging trends in securities litigation relevant to the Board's oversight responsibilities.

Governance Clarification

Management retains responsibility for:

- Ongoing monitoring of securities litigation affecting portfolio holdings;
- Timely filing of claims;
- Engagement and oversight of litigation service providers;
- Escalation of material matters to the Board.

The Board retains responsibility for:

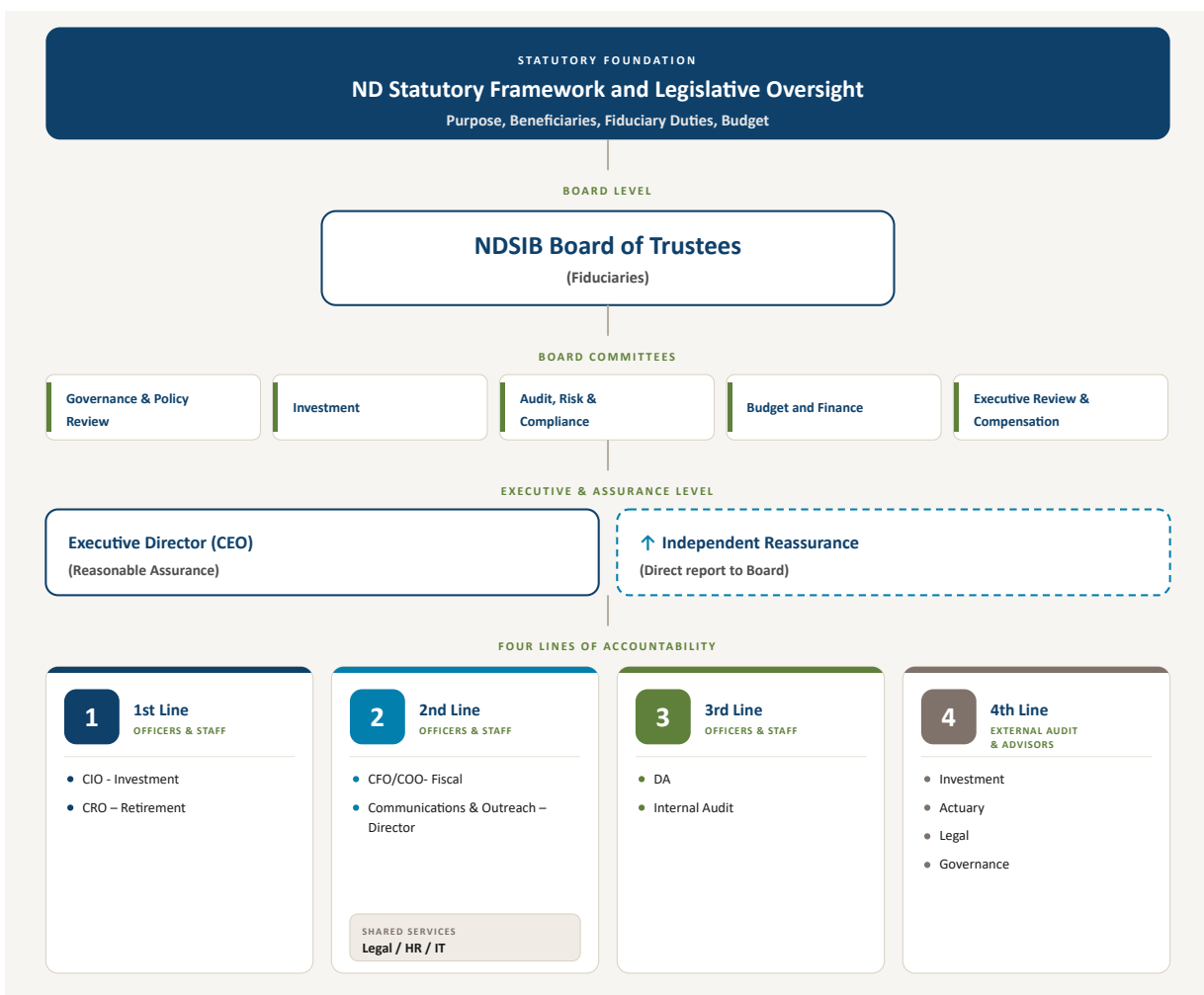
- Approval of the Securities Litigation Policy;
- Approval of any material policy changes;
- Oversight of management's execution of securities litigation responsibilities.

Roles

Explicit role definitions across all levels — Legislature, Board, Committees, and Executive leadership.

Four Lines of Accountability Model

ACCOUNTABILITY STRUCTURE



The Board recognizes the 4 Lines Model as the foundation for reasonable assurance and independent reassurance and accountability:

1st Line — Investment Services

Officers & Staff: CIO — Investment, CRO — Retirement. Provide reasonable assurance through execution, controls, and monitoring.

2nd Line — Middle/Back Offices and Enterprise Services

Officers & Staff: CFO/COO — Fiscal, Communications & Outreach Director. Shared Services: Legal / HR / IT. Provide reasonable assurance through controls and monitoring.

3rd Line — Internal Audit Services

Officers & Staff: DA (Director of Audit), Internal Audit. Provides independent reassurance through objective review and assurance.

4th Line — External Audit & Advisors

External Audit & Advisors: Investment Consultant, Actuary, Legal, Governance Advisor. Provides independent reassurance — direct report to Board.

The Board relies on all four lines to support prudent delegation and informed oversight. 1st and 2nd Lines provide **reasonable assurance** through execution, controls, and monitoring. 3rd and 4th Lines provide **independent reassurance** through objective review and assurance.

The ND Statutory Framework & Legislature

— FRAMEWORK

The North Dakota Legislature establishes the statutory framework within which the SIB operates. The Legislature's role is one of policy-setting, fiscal authorization, and accountability oversight — not investment management. The Legislature defines the rules, resources, and accountability expectations; the SIB governs and oversees investment activity within those statutory boundaries; and management executes.

The Legislature:

- **Sets governing law and public purpose:** Enacts and amends statutes (primarily N.D.C.C. Chapter 21-10) that define the SIB's mandate, powers, fiduciary duties, governance structure, and the funds under its care.

- **Approves budgets and resource authority:** Authorizes the SIB's operating budget, staffing levels, and major expenditure categories through the biennial appropriations process.
- **Provides oversight and accountability:** Exercises oversight through interim Committees, hearings, reporting requirements, audits, and confirmation or review processes.
- **Does not direct investments or operations:** The Legislature does not select investments, set asset allocation, hire managers, or manage day-to-day operations.

Reporting Role of the SIB to the Legislature

The SIB has a statutory duty to report to the North Dakota Legislature to support transparency, accountability, and legislative oversight — without compromising the Board's fiduciary independence. The SIB reports what has been done, how public resources are safeguarded, and whether statutory intent is being met — while the Legislature retains oversight authority and the SIB retains fiduciary and operational independence.

The SIB's reporting role includes:

- **Periodic and statutory reports:** Providing required reports on investment performance, financial condition, fund status, and compliance with governing statutes and policies.
- **Budget and appropriation support:** Submitting budget requests, expenditure reports, and staffing information necessary for the Legislature to exercise its appropriation and fiscal oversight responsibilities.
- **Audit, risk, and compliance reporting:** Communicating the results of independent external audits, internal audit activity, and material risk, control, or compliance matters relevant to legislative oversight.
- **Testimony and legislative engagement:** Appearing before legislative Committees to explain results, respond to inquiries, and provide factual, non-advocacy information on the SIB's activities and governance.

The ND State Investment Board

— BOARD CHARTER

Purpose

1. SIB clients receive investment returns, consistent with their written investment policies and market variables, in a cost-effective manner and under the Prudent Investor Rule.

- a. This objective will be evaluated based on the following:
 - i. Comparison of client fund's rate of return net of fees and expenses, to that of the client's policy benchmark over a minimum evaluation period of 5 years.
 - ii. Comparison of the client fund's risk, measured by standard deviation of net returns, to that of the client's policy benchmark over a minimum evaluation period of 5 years.
 - iii. Comparison of the risk-adjusted performance of the client fund, net of fees and expenses, to that of the client's policy benchmark over a minimum evaluation period of 5 years.
2. Potential SIB clients have access to information regarding the investment services provided by the SIB.

Board Composition

Members of the SIB are set forth in Chapter 21-10 of the N.D.C.C. The Board comprises the following members:

- a. The governor;
- b. The state treasurer;
- c. The commissioner of university and school lands;
- d. The director of workforce safety and insurance;
- e. The director of the office of management and budget;
- f. Two members of the Teachers' Fund for Retirement Board, or the Board's designees, who need not be members of the fund, as selected by that Board;
- g. Two members of the Public Employees Retirement System Board, as selected by that Board;
- h. Two members, each of whom by experience is familiar with institutional investments, appointed by the governor. One initial appointee shall serve a term of three years, one initial appointee shall serve a term of five years, and all subsequent appointees shall serve five-year terms; and
- i. Two members, one from the senate and one from the house of representatives, or the member's designee, who serve on the legacy and budget stabilization fund advisory board, as selected by that board to represent that board.

Charge and management of the business: The SIB will have general charge and management of the business of TFFR and the SIB, subject to law, administrative rules and regulations, and governance policies. The SIB will make such policy as necessary to fulfill this obligation.

Representation by Designees: When the statutes allow a designee to represent a member of the SIB or an alternate to represent the TFFR or PERS Board, the Chair will recognize the individual for the record, and the individual(s) will then have the right to vote on matters before the SIB.

Administrative Support for TFFR: The SIB will be responsible for the operation of an administrative office that will provide support services to TFFR and the SIB.

Committee Composition

- Three (3) members serve on each Committee, all drawn from Board membership, except the Investment Committee and the Audit, Risk and Compliance Committee, which each have five (5) members.
- The Investment Committee shall include two external investment professionals, who may be either active or retired and shall have substantial institutional investment experience.
- The Audit, Risk and Compliance Committee shall include a representative of the three groups on the SIB — the Legacy & Budget Stabilization Fund Advisory Board, a TFFR representative, and a member-at-large — together with two members selected from outside the SIB and the RIO.
- Budget and Finance Committee members should be financially literate and statutorily aware, including at least one member with experience in public budgeting or appropriations.
- The Budget and Finance Committee should also include an external, non-voting member to represent TFFR and an external, non-voting member serving as a budget analyst assigned to the agency by the OMB.

The Board Chair will propose a slate of Committee members — based on the match between each Committee’s recommended capabilities and members’ interests — for Board approval. The Board may also form an investment advisory council. External Committee members shall be independent and free from material conflicts of interest, are subject to applicable ethics, disclosure, and recusal requirements, and their independence is reviewed at appointment and periodically thereafter.

Vacancies, Holdovers & Continuity

A vacancy occurs upon: written resignation effective date; removal from an officer role (officer vacancy only); removal from Board membership (member vacancy; statutory); death; permanent incapacity; loss of eligibility; disqualifying legal status, if applicable; or failure to attend (threshold to be defined). The Executive Director will notify the Board within five business days of a known vacancy event; the Chair notifies the appointing authority within ten business days where applicable; and a log will be maintained.

- **Resignations:** Must be in writing and delivered to the Chair; if the Chair resigns, delivered to the Vice Chair, with the Executive Director receiving a copy for records. A resignation is effective upon Board acknowledgment unless a later date is specified; an immediate resignation between meetings is effective upon receipt and acknowledged at the next meeting. Acknowledgment is entered into the minutes and governance records are retained.
- **Removal:** Board membership removal is governed by statute and the appointing authority; the Board’s internal authority is limited to officer roles and internal sanctions consistent with law and policy.
- **Alleged misconduct:** The Chair refers the matter to the GPRC (or designated committee) for review; legal counsel is consulted; and Board action is limited to internal steps (censure, committee removal where permitted, referral to the appointing authority, and the like).
- **Holdovers:** A member may continue to serve until a successor is appointed and qualified. A holdover should not exceed 90 days without written notice to the appointing authority and Board discussion; the Executive Director and/or Chair will notify the appointing authority at least 90 days before expiration.
- **Staggered appointments:** Where appointment authority allows, the Board recommends staggered appointments and continuity planning to avoid simultaneous turnover, maintaining a rolling “continuity risk” view of anticipated departures over the next 12–24 months and proactively notifying appointing authorities.

SIB Board Charter

The State Investment Board (SIB) serves as the fiduciary governing body responsible for the long-term stewardship, oversight, and protection of assets entrusted to the SIB on behalf of current and future beneficiaries. Board members collectively assure that investment policies, governance structures, and oversight systems are aligned with statutory mandates, fiduciary duties, and the long-term interests of plan participants, beneficiaries, and the State of North Dakota.

A SIB member is a long-horizon fiduciary steward, governing policy and oversight — not day-to-day management — to protect and grow entrusted assets in a manner consistent with law, purpose, and intergenerational responsibility.

Trustee Duties, Expectations & Continuing Education

— TRUSTEE STANDARDS

Each Board member is expected to: prepare for and actively participate in Board and Committee assignments; exercise independent judgment while respecting collective Board decisions; ask informed, prudent questions focused on risk, assumptions, and long-term implications; avoid conflicts of interest and comply with ethics and disclosure requirements (See Disclosure); maintain confidentiality of non-public information; and support a culture of integrity, respect, and continuous improvement.

Committee Service

- Board members may serve on one or more standing Committees.
- Committee service includes deeper research, recommendations and oversight within delegated scopes, while ultimate authority and responsibility remains with the full Board.

Time Commitment

- Regularly scheduled Board meetings
- Committee meetings as assigned
- Periodic education, retreats, and special sessions
- Ongoing preparation and review of materials between meetings

Knowledge, Skills and Competencies

Board members are not expected to be investment professionals but are expected to govern prudently and intelligently. Desired competencies include:

- Understanding of fiduciary responsibility and public trust
- Ability to evaluate long-term risk and reward tradeoffs
- Financial, economic, or organizational literacy
- Strategic thinking and sound judgment
- Willingness to engage in continuing education

Continuing Education

Each member shall complete **10 hours annual continuing education (CE)** with the curriculum to be based on Board and Committee capability requirements. Credits may be earned through any combination of online or in-person training including conferences and in-house sessions. RIO staff will track completion.

Collective Responsibility

Authority rests with the Board acting as a body, not with individual members. Individual Board members do not direct staff or make unilateral decisions on behalf of the SIB. Board performance is evaluated through periodic self-assessment.

Committee Authority and Role

— COMMITTEE FRAMEWORK

The Board holds the exclusive authority to approve policies, delegations, and major decisions, and remains ultimately responsible for prudent fiduciary processes, while **Committees serve in an advisory and oversight capacity** by conducting detailed research, developing recommendations for Board consideration, and overseeing and verifying that Board-approved decisions are implemented and performing as intended — without exercising independent approval or execution authority.

Standing Committees act as extensions of the Board's fiduciary authority, performing detailed review, analysis, and oversight within scopes defined by Board-approved charters. Committee authority is collective and advisory unless explicitly delegated by Board action.

Committees:

- Prepare recommendations for full Board consideration
- Monitor delegated activities within assigned domains
- Escalate material risks, exceptions, or policy issues to the full Board
- Verify performance and risk through the use of independent third parties

Committees do not exercise independent governing authority unless expressly delegated by the Board, and all material decisions remain subject to full Board approval.

Oversight of Management and Organization

- Appoint, support, evaluate, compensate, terminate and plan for the succession of the Executive Director — take action regarding the Executive Director consistent with statutory authority.
- Monitor organizational capacity, resources, and internal controls necessary to execute Board-approved policies.

- Assure management operates within delegated authority and established limitations.

Risk, Compliance and Accountability

- Oversee enterprise risks, including Investment, liquidity, operational, legal, and reputational risks.
- Assure effective compliance with Statutes and administrative rules and Board policies and ethical standards.
- Promote transparency, documentation, and timely escalation of issues.

Stakeholder and Public Accountability

- Act as responsible stewards of public trust.
- Balance independence of fiduciary judgment with accountability to Beneficiaries, Participating entities and Legislative and oversight bodies.
- Communicate clearly, professionally, and constructively in public meetings and official settings.

Continuing Education — Institutional Investor Standard of Care

Board members are expected to govern consistent with the standards of a large, long-term institutional investor, informed by peer practices, fiduciary norms, and evolving governance and risk oversight frameworks. This includes:

- Awareness of peer governance and investment practices
- Use of benchmarking and external expertise where appropriate
- Commitment to disciplined, evidence-based decision-making over market cycles

Continuing education supports the Board's ability to meet institutional investor standards and evolving fiduciary expectations. Board members are expected to engage in ongoing fiduciary and governance education to:

- Strengthen approval and oversight capabilities
- Remain informed about evolving investment, risk, and governance practices among peers
- Fulfill fiduciary standards of care

Chair and Vice Chair Charter

— LEADERSHIP

The officers of the SIB are a Chair and Vice Chair, one of which must be an appointed or elected member of the TFFR or PERS Board. The officers will be elected by the SIB to a one-year term at the first regularly scheduled meeting following July 1 of each year. Vacancies will be filled by the SIB at the first scheduled meeting following the vacancy.

The Chair will preside at all meetings of the SIB. In the absence of the Chair, the Vice Chair will perform the duties of the Chair.

Chairperson's Role

The Chairperson's primary responsibility is to assure the integrity of the Board's process. The Chairperson is the only Board member authorized to speak for the Board other than in specifically authorized instances. The duty of the Chairperson is to see that the Board operates consistently with state and federal law, administrative rules, and its own policies.

The Board agenda will be the responsibility and be coordinated by the Chairperson with the assistance of the Executive Director. Meeting discussion content will only be those issues which, according to Board policy, clearly belong to the Board and not the Executive Director, or in a Board member's opinion, may deal with fiduciary responsibilities. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and brief. The Chairperson shall appoint a parliamentarian.

The Chairperson is empowered to chair Board meetings with all the commonly accepted authority of that position (e.g., ruling, recognizing). The Chairperson has no authority to make decisions about policies created by the Board. Therefore, the Chairperson has no authority to supervise or direct the Executive Director. The Chairperson may represent the Board to outside parties in announcing Board-stated positions and in stating Chairperson decisions and interpretations within the area delegated to the Chairperson.

The Chairperson is authorized, in consultation with the Executive Director, to grant approval for international travel by SIB members and to keep the Board informed on travel requests.

The Chair may call recess, enforce agenda/time rules, and refer disputes to the Governance Policy Review Committee (GPRC) for follow-up. The Chair assures deliberation remains within fiduciary scope.

The Chair is the initial point of contact for in-meeting conflict of interest (COI) disclosures and may request temporary recusal pending GPRC/legal review. The GPRC will make the final recommendation to the full Board.

The Chair reviews draft minutes for accuracy/completeness before approval.

The Chair supports leadership bench development with the GPRC (encourages continuing education participation; orients new members; identifies future officer candidates).

The Chair should assure committee outputs reach the Board with clear decision points, cross-committee coordination issues are identified, and follow-ups are assigned.

If the Chair is unable to serve, the Vice Chair will serve as Acting Chair until the Board elects a replacement at the next meeting (or sooner at a special meeting).

Vice Chair's Role

The Vice Chair works with the Chair on agenda planning; supports meeting process integrity; participates in governance self-assessment review; attends key briefings as appropriate. The Vice Chair does not act as spokesperson except in Chair absence or Board authorization.

The Budget & Finance Committee (BFC) and the Audit, Risk & Compliance Committee (ARCC) together provide treasurer-equivalent oversight. They will define handoffs (budget → financial reporting → controls/audit findings).

See also — Travel Policy

Executive Director Charter

— EXECUTIVE ROLE

As the Board's single official link to the operating organization, the RIO's total performance will be considered to be synonymous with the Executive Director's performance. It is the responsibility of the Board to establish and maintain a job description for the Executive Director.

Statutory “Investment Director” and the Executive Director

In 2021, SIB split the role of the investment director into two roles: Executive Director (ED) and Chief Investment Officer (CIO) with the CIO reporting to the ED. However, the legislation does not reflect this change.

Given that the title of Investment Director no longer exists, the policy should reflect the new titles and roles within RIO. Since the legislation cannot be changed in the short term, the following policy proposal is designed to clarify these relationships (ED and CIO).

References in N.D.C.C. § 21-10, including the “investment director” identified in N.D.C.C. § 21-10-02 and 21-10-05, are understood for purposes of this Governance Policy System to refer to the office held by the Executive Director of the Retirement and Investment Office.

Under the current structure of the Retirement and Investment Office, a single officer serves as the agency head of RIO under N.D.C.C. § 54-52.5 and holds the statutory investment director authority described in N.D.C.C. § 21-10-05, including the authority to sign and execute investment-related contracts and agreements relating to funds under the management of the State Investment Board, subject to the limitations established by law and by Board policy.

The Executive Director has delegated the day-to-day exercise of this investment director authority to the Chief Investment Officer, who signs and executes investment-related contracts and agreements relating to funds under the management of the State Investment Board within the scope of that delegation and consistent with the delegation framework established elsewhere in this Governance Policy System. The Executive Director retains the statutory authority and remains accountable for its proper exercise; the delegation does not relieve the Executive Director of that responsibility.

Chief Executive Authority: Execution Within Delegated Authority

The Executive Director is responsible for executing Board-approved direction within the scope of delegated authority. Execution responsibilities include:

- Implementing approved strategies, policies, and plans.
- Managing operations, resources, personnel, and risk.
- Maintaining appropriate controls and professional standards.
- Providing timely, insightful reporting to Committees and the Board.

Executive Director Role and Authority

The Executive Director will be retained by the SIB, serve at the SIB's pleasure, be responsible for keeping the records of the SIB and TFFR Board actions and perform such duties as the SIB prescribes. The Executive Director will make out and give out all notices required to be given by law, procedures, or rules and regulations of the two Boards.

The Executive Director, as chief executive officer, is accountable to the Board acting as a body. The Board only will instruct the Executive Director through these written policies, delegating to the Executive Director the implementation and administration of these policies. The Executive Director is accountable for assuring compliance with laws, bylaws, and policies.

The Executive Director has the authority to:

- Approve expenditures within approved budgets
- Approve Hiring/Termination of Chief Investment Officer, Chief Retirement Officer, Chief Financial and Operating Officer
- Approve Hiring/Termination of External Managers
- Approve all contracts unless delegated by the Executive Director
- Approve Material Contract Amendments within budget
- Approve Securities Monitoring and Litigation

The Chair speaks on behalf of the SIB. The Executive Director is the spokesperson for RIO.

Communication and Counsel to the Board

With respect to providing information and counsel to the Board, the Executive Director shall:

- A. Provide monitoring data required by the Board in a timely, accurate, and understandable fashion, directly addressing provisions of the Board policies being monitored.
- B. Keep the Board informed of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any Board policy has previously been established.
- C. Advise the Board Chair and GPRC if, in the Executive Director's opinion, the Board is not in compliance — particularly in the case of Board behavior which is detrimental to the work relationship between the Board and the Executive Director, and Executive Director and staff.
- D. Provide the Board with varying staff and external points of view on issues and options as prudent for fully informed Board choices.
- E. Present information in a short and simple form.
- F. Provide a mechanism for official Board, officer, or Committee communications.
- G. Deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or Committees duly charged by the Board (c) as otherwise delegated in accordance with Board policies.
- H. Report in a timely manner an actual or anticipated noncompliance with any policy of the Board.
- I. Inform the Board Chair and the full Board in a timely manner of any changes related to the resignation or hiring of the Chief Retirement Officer, the Chief Investment Officer, Director of Audit, or the Chief Financial Officer/Chief Operating Officer.

- J. Keep the Board informed concerning the delegation of fiduciary authority to any staff member. Every person to whom such fiduciary responsibility authority is delegated is ultimately accountable to the Board as to the exercise and execution of the delegated authority.
- K. In the absence of a Chief Risk Officer, the Executive Director serves as the senior accountable officer for the operational risk program and is responsible for reporting operational risk matters to the ARCC and the Board.

1st–4th Lines: Staff and Advisor Charters

— EXECUTION LINES

1st Line — Investment Services

The RIO's management is responsible for financial and other reporting, internal controls, and compliance with laws, regulations, and ethics. The RIO 1st and 2nd Line unit supervisors are responsible for seeing that corrective action on reported weaknesses is either planned or taken within 30 days from the receipt of a report disclosing those weaknesses if known or applicable. The unit supervisors are also responsible for seeing that a written report of action planned or completed is sent to the Executive Director. If a plan for action is reported, a second report shall be made promptly upon completion of the plan.

Chief Investment Officer Charter

1. Participate on the IC and report to the Board as required.
2. Advise and then implement investment policies approved by the IC and the Board.
3. Provide research and administration for SIB client funds and client projects.
4. Recommend investment policies and procedures appropriate for governing the investment of entrusted funds.
5. Lead the development of asset allocations, investment strategies, manager mandates, manager guidelines, investment implementations and investment policies to be approved by the IC and Board.
6. Negotiate manager contract terms and conditions as delegated by the Executive Director.
7. Evaluate money manager adherence to investment objectives, mandate requirements, and guidelines.

8. Provide performance reports to the IC, the Board and Boards of participating funds as a representative of the IC and the SIB.
9. Select, hire or terminate money managers, custodians, consultants, and other outside services needed to effectively manage the investment funds.
10. Recommend to the IC new investment strategies (both internal direct and external), portfolios, and the use of new investment instruments prior to their implementation.
11. Manage direct investment strategies approved by the IC including the allocation of capital within the strategies, as well as security selection, weighting, and trading.
12. Provide rebalance instructions to the fiscal team that comply with client policy statements.

Chief Retirement Officer Charter

Purpose: Assure the Teachers' Fund for Retirement (TFFR) program is administered prudently and in accordance with applicable statutes, administrative rules, and policies adopted by the TFFR Board of Trustees. The Chief Retirement Officer (CRO) supports the governance responsibilities of the TFFR Board by implementing Board policies, providing analysis and recommendations on retirement program matters, and ensuring the effective administration of benefits and member services. The CRO operates within the Retirement and Investment Office (RIO) under the direction of the Executive Director, with the position's primary governance connection to the TFFR Board.

Evaluation Criteria: Compliance with applicable state and federal laws governing the retirement program; effective implementation of TFFR Board policies; accuracy and timeliness of benefit administration, member services, and contribution processing; quality and reliability of information provided to the TFFR Board; responsiveness to plan members, stakeholders, and oversight authorities; and the successful coordination of actuarial, legal, and consulting services supporting the retirement program.

Policy Development and Program Administration: The CRO assists the Executive Director and the TFFR Board in developing administrative rules, policies, and procedures necessary to administer the retirement program. The CRO provides analysis and recommendations on retirement program issues, legislative proposals, and operational matters affecting the plan and supports the Board in carrying out its statutory responsibilities.

Retirement Program Operations: RIO staff, under the direction of the CRO, are responsible for the administration of the retirement program including the collection and processing of contributions, maintenance of member records, calculation and payment of retirement and disability benefits, and coordination with actuaries, legal counsel, and other service providers. Staff will provide the TFFR Board with accurate and timely information necessary to support the Board's oversight responsibilities and fiduciary duties.

2nd Line — Middle/Back Offices and Enterprise Services

Fiscal Services

Purpose: Assure the funds and accounts of SIB clients and TFFR beneficiaries are managed prudently under applicable accounting standards and practices.

Evaluation criteria: Internal and external audit reports, internal compliance controls, the publishing of timely and accurate performance reports and financial statements, and responsiveness and accuracy of reporting to oversight authorities.

Compensation and Benefits

Compensation and benefits, or employment terms for staff shall comply with applicable state and federal law.

Accounting

The master custodian will provide RIO staff with such accounting detail and at such frequency as the staff deems necessary to fulfill the SIB's reporting requirements. From this information, RIO staff will generate monthly and annual financial statements for each of the trust funds managed by the SIB. RIO staff is responsible to assure the proper valuation of all assets. Formal valuation policies must be developed and implemented utilizing industry best practices and GAAP accounting requirements.

3rd Line — Internal Audit Services Charter

The purpose of the internal audit division is to provide an independent, objective assurance and advisory activity designed to add value and improve North Dakota RIO's operations. The mission of internal audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight.

The Director of Audit (DA) will report directly to the SIB typically through the ARCC. Administrative matters will be coordinated with the Executive Director.

The audit staff shall have full, free, and unrestricted access to all RIO activities, records, property, and personnel relative to the subject under review.

The internal audit division will assist RIO in accomplishing its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

Functions and units within RIO will be reviewed at appropriate intervals to determine whether they are effectively carrying out their responsibilities of planning, organizing, directing, and

controlling in accordance with SIB and management instructions, applicable laws, policies, and procedures, and in a manner consistent with both the RIO objectives and high standards of administrative practice.

The Internal Audit Services Unit is responsible for developing and directing a broad, comprehensive program of internal auditing within RIO. The Internal Audit Services Unit will report administratively to management and functionally to the ARCC.

The Internal Audit Charter requires a QAIP (Quality Assurance and Improvement Program), including (1) ongoing internal monitoring, (2) annual internal assessments, and (3) external quality assessment (EQA) at least every five years.

4th Line — Independent External Auditors and Advisors

The Fourth Line consists of independent external professionals engaged by the Board to provide objective assurance, expert judgment, and independent validation across critical fiduciary, financial, investment, and governance functions. These parties do not manage or execute operations; their role is to independently assess, test, advise, and opine—strengthening Board oversight, reducing blind spots, and reinforcing accountability.

- **Investment Consultant** — Provides independent advice on investment policy, asset allocation, risk, benchmarks, manager structure, and performance evaluation; challenges assumptions and validates staff recommendations.
- **Independent External Auditor** — Performs independent financial statement audits and internal control assessments; provides assurance on financial reporting integrity and compliance.
- **Governance Advisor** — Assesses governance structure, policies, delegation, board effectiveness, and fiduciary practices; benchmarks against leading practices and statutory requirements.
- **Master Custodian** — Independently safeguards assets, settles trades, reconciles holdings, and provides independent books and records supporting valuation, performance, and control assurance.
- **External Legal Counsel** — Provides independent legal advice on fiduciary duties, statutory authority, contracts, litigation, ethics, and regulatory compliance.

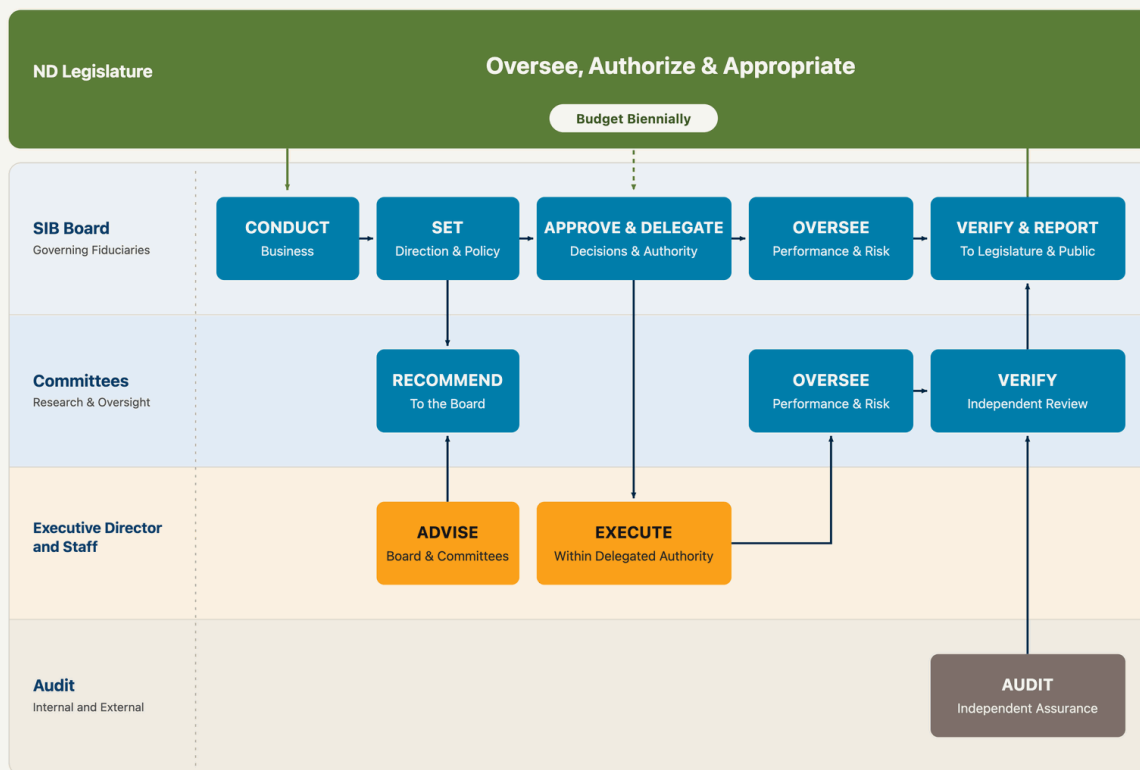
Collectively, the Fourth Line enhances the Board's ability to **verify**, **challenge**, and **validate** information and decisions, reinforcing trust, transparency, and long-term fiduciary integrity.

Authorities & Delegation

Who has the power to act, under what conditions, and with what limitations.

Authority Flow — NDSIB Governance Process

How fiduciary authority, delegation, oversight, verification, and reporting move through the governance system.



Reading the diagram: Each horizontal lane represents a level of authority. The Board governs through five powers: Conduct → Set → Approve & Delegate → Oversee → Verify & Report. Committees research, recommend, oversee, and independently verify. Staff advise and execute within delegated authority. Internal audit verifies operations and external audit verifies the integrity of financial statements. The Legislature authorizes and appropriates biennially; the Board is accountable to the Legislature and the public and reports to the Legislature.

Conduct Business

Standing Committees

Governance Process

Authority

Delegation

Powers of the SIB — Key Standards

— POWERS OF THE SIB

- Key Decisions can only be made by the SIB
- Must be in “best interests” of current and future beneficiaries
- Must be prudent (take into account peer practices)
- Must be compliant (laws, bylaws, plan documents)

Authority by Domain

The GPS maps authority explicitly across five powers and five governance domains. Committees perform the due diligence necessary to support a recommendation to the full Board for its approval.

Authority matrix — allocation of governance powers across five domains

Domain	Conduct Business	Research & Recommend	Set / Approve	Delegate	Oversee Execution
Governance	Governance & Policy Review Committee	Governance & Policy Review Committee	SIB	ED	Governance & Policy Review Committee
Investment	Investment Committee	Investment Committee	SIB	ED	Investment Committee

Domain	Conduct Business	Research & Recommend	Set / Approve	Delegate	Oversee Execution
Leadership & Talent	Executive Review & Compensation Committee	Executive Review & Compensation Committee	SIB	Executive Review & Compensation Committee / Budget & Finance Committee	Executive Review & Compensation Committee
Stewardship	SIB	Budget & Finance Committee	SIB / Legislature	ED	Budget & Finance Committee
Accountability	Audit, Risk & Compliance Committee	Audit, Risk & Compliance Committee	SIB	DA / Ext. Auditor	Audit, Risk & Compliance Committee

Authority Framework

— AUTHORITY FRAMEWORK

The ND Legislature created the SIB. The SIB governs and exercises its authority through a prudent delegation architecture which embeds prudence across how authority is informed, delegated, exercised, overseen, independently verified, and reported. The Board may delegate authority to Committees, to the Executive Director, and others; however, **delegation of authority does not and cannot delegate fiduciary responsibility.**

The Board hires, evaluates, compensates and plans for the succession of the Executive Director. The Executive Director hires officers and staff and advises the SIB — typically through its Committees. Committees may retain independent consultants, perform due diligence and make recommendations to the SIB for its approval.

The Board sets direction and policy and exercises its authority to approve certain key decisions. The budget is subject to biennial approval by the Legislature. Once approved, the Board delegates authority and resources to the Executive Director. The Executive Director executes directions

within board approved policy. Committees oversee performance and risk and escalate and report exceptions to the SIB. The SIB reports to the Legislature, the beneficiaries and the general public.

Delegation Principles

— DELEGATION

The Board delegates authority consistent with the following principles:

- Delegation of authority and resources is intentional, explicit, and documented.
- Authority is delegated with clear purpose, scope, limits, and expectations.
- Execution authority is accompanied by oversight, verification, and reporting requirements.
- The Board retains ultimate accountability and responsibility for prudent processes.
- Only the Board can delegate to the Executive Director.
- Only the Board can delegate to Internal Audit as a direct report.

Governance Process — The Flow of Authority

— PROCESS ARCHITECTURE

Governance Process

In exercising delegation, the Board follows a disciplined governance process:

1. Executive Director (Staff) advise the Board and its Committees.
2. Committees (and Board consultants) recommend to the full Board.
3. The Board sets direction aligned to purpose, beneficiaries, and fiduciary duties.
4. The Board approves decisions and delegates authority and resources, defining limits and escalation thresholds.
5. The Executive Director executes within delegated authority.
6. Committees oversee performance and risk.

7. Independent functions verify outcomes and controls to Committees.

8. The Board reports transparently to stakeholders and beneficiaries.

Role of Committees

Committees act on behalf of the Board in accordance with delegated authority and do not exercise management functions. Committees are accountable to:

- Advise and recommend to the Board based on analysis, expertise, and professional judgment.
- Oversee performance, risk, and compliance within their remit.
- Verify outcomes through metrics, internal audit, compliance, and independent reassurance.
- Escalate material issues, exceptions, and emerging risks to the Board.

Committees recommend but do not approve, unless explicitly authorized by the Board.

Oversight

- Monitoring performance and risk relative to expectations.
- Challenging results and assumptions.
- Focusing on trends, signals, and exceptions.
- Escalating material exceptions.

Verification

Verification provides objective evidence and is performed through independent functions, including:

- Internal audit
- Compliance and risk management reviews
- External audit and independent advisors

Conduct the Business of the Board and Its Committees

— STANDING COMMITTEES — OPERATIONAL STANDARDS

The Board’s standing Committees shall operate under the terms of a charter approved by the Board and are set forth in this policy as follows:

- Audit, Risk and Compliance Committee (ARCC)
- Executive Review and Compensation Committee (ERCC)
- Governance and Policy Review Committee (GPRC)
- Investment Committee (IC)
- Budget and Finance Committee (BFC)

Note: The chart below describes the approvals reserved for the SIB. The expectation is that Committees will perform the due diligence necessary to support a recommendation to the full board for its approval. The SIB needs to determine a multi-year calendar and then Committees need to organize their work accordingly. Continuing education should be linked to the calendar to be targeted and just-in-time taking into account the very busy schedules of members.

Conduct dimensions across the State Investment Board and its standing committees		
Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Purpose	Serves as the statutory governing body responsible for investment oversight, policy approval, delegation, and fiduciary accountability for all funds under N.D.C.C. Chapter 21-10.	Support the Board by providing focused research and recommendations, oversee performance and risk, verify and report to the SIB within delegated subject-matter areas.
Fiduciary Status	Acts as fiduciary with full statutory duties of care, loyalty, and prudence for funds under management.	Committee members act as fiduciaries when exercising delegated responsibilities on behalf of the Board.
Authority	Holds all authority granted by statute (N.D.C.C. Chapter 21-10); may delegate specific accountability while retaining ultimate responsibility.	Advise, oversee and verify only unless expressly delegated authority by the Board; may not bind the Board or exceed delegated scope.

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Limitations	Authority constrained by statute, legislative appropriations, ethics laws, and open meetings requirements. Budget must be approved by the Legislature on a line by line basis biennially.	Authority limited to Board-approved charters; committees have no independent or implied powers.
Quorum	A majority of voting members (7)	A majority of voting members (2-3). The Committee will act only on the affirmative vote of the majority of the Committee members at a meeting. Should a quorum not be present the Chair will announce the absence of a quorum and the members will disburse. Approved meeting minutes of the Committee will be submitted to the SIB.
Voting	Section 4-4. Voting on matters before the SIB will be contained in the minutes which will show the recorded vote of each SIB member.	Same as the board.
Records	Section 4-6. A record of procedures will be kept by the Executive Director on all meetings of the SIB. The records of these proceedings are public documents, and copies will be distributed upon request.	Same as the board.

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Meetings	<p>Meets as required to fulfill statutory duties (at least quarterly); subject to ND open meetings law. Section 4-5. All meetings of the SIB are open to the public, except as allowed under North Dakota law. (NDCC 21-10-04) Meetings of the SIB may be called by the Chair or two members of the SIB upon reasonable notice in writing to the other members of the Board. Board members are expected to attend each meeting, in person or via tele- or videoconference. The Board may invite staff of the RIO, auditors or others to attend meetings, as necessary to provide information and to conduct business. Meetings will be conducted in accordance with NDCC 44-04-17.1. The Board may hold executive sessions as allowed under state law. Meeting materials must be provided in accessible formats. Presentations must not rely solely on visual content. Recordings and posted materials must be provided in accessible formats.</p>	<p>Same except the Governance and Policy Review Committee and the Executive Review Compensation Committee may meet semi-annually.</p>
Meeting Agendas	<p>Meeting agendas will be prepared by the Executive Director and approved by the Board Chair, unless otherwise directed by the Board, and will be provided to board members along with briefing materials (7) days before the scheduled board meeting.</p>	<p>Same — except agendas will be prepared by the Committee staff liaison, in coordination with the Executive Director.</p>
Meeting Materials	<p>Meeting materials should be distributed at least seven (7) days in advance. Members are encouraged to read the materials in advance as presentations should be based on that assumption. This is intended to reduce the time spent “presenting” materials and increase the time spent on dialogue. Materials should meet ADA Design Standards.</p>	<p>Same as the board.</p>

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Consent Agendas	The Board may use consent agendas to approve routine, non-controversial items in a single motion, without discussion— unless a member asks to pull an item for separate consideration. Typically, such matters are informational or procedural, have been reviewed in advance, or require no debate or decision trade-offs.	Same as the board.
Rules of Order	Robert’s Rules of Order Newly Revised except as superseded by-laws and Board governance policies. (Rosenberg)	Same as the board.
Reporting	Receives reports from Committees, staff, auditors, and external advisors. Reports should be exception-based wherever appropriate. Reports to the Legislature as required.	Reports regularly to the full Board; escalates material issues promptly. Reports should be decision-ready, clearly identifying: Issues; Options (least to most); Implications (pros and cons); Recommended actions.
Decision-Making	Makes final decisions unless authority is explicitly delegated.	Makes recommendations; decisions only where expressly delegated.

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Self-Assessment	<p>Conducts an annual Board self-assessment focused on fiduciary effectiveness and governance performance using a standardized, confidential survey and facilitated discussion, timed to inform governance planning and charter reviews, and result in a written summary of strengths, gaps, and prioritized improvement actions reported to the Board. Chair-specific questions should be mapped to duties such as agenda discipline; meeting facilitation; fiduciary focus; boundary enforcement; information flow; culture/behavior management. Confidential peer feedback should be compiled by GPRC and the results shared with Chair.</p>	<p>The GPRC conducts annual Board and Committee self-assessments focused on: effectiveness and clarity of delegation; clarity of roles and decision authority; quality, timeliness, and usefulness of information received; adequacy of time spent on strategic vs. operational matters; effectiveness of risk, performance, and policy oversight; Committee composition, expertise, and workload. Results should be summarized and shared with the Board, along with any recommended improvements.</p>
Mentor	<p>Each new trustee shall be assigned a mentor by the Chair in consultation with the Executive Director to aid in their onboarding.</p>	<p>NA</p>
Continuing Education	<p>Each trustee participates in ongoing fiduciary, investment, and governance education. The Board should specify the minimum number of hours of annual continuing education, an individualized curriculum and a method for tracking and reporting progress. The national average is about 10 hours.</p>	<p>Each Committee member shall complete continuing education aligned with the Committee's responsibilities and required capabilities.</p>
Charter / Governance Review	<p>Approves governance framework and Committee charters; triennially reviews Board governance policies.</p>	<p>The GPRC will review the Committee charter at least triennially and recommend updates to the Board through the GPRC.</p>

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Accountability	Accountable to beneficiaries, Legislature, and the public for statutory compliance and long-term stewardship.	Accountable to the Board for researching and recommending policy, oversight of performance and risk within the delegated scope and verification and reporting to the Board.
Annual Workplans	The Board should create a multi-year workplan, cadence and calendar based on the approvals required by it.	Every standing Committee will create an at least annual plan to provide timely recommendations to the SIB according to the agreed upon board calendar.
Appointment	Members appointed or seated as provided in statute.	Committee members appointed by the Board Chair at the first SIB meeting in July of each year or when a vacancy arises.
Compensation	Section 4-8. SIB members, except elected and appointed officials, will be paid the amount specified in NDCC 21-10-01 per SIB meeting attended. Expenses will be paid according to state law and OMB policies.	Same as the board.
Leadership	Board Chair presides over board meetings and sets agendas in coordination with the Executive Director.	Committee Chairs / Vice-Chairs will be designated by the Board Chair.
Staff Support	Executive Director serves as primary liaison; senior staff support Board deliberations.	Executive Director designates senior staff liaisons appropriate to Committee scope.
Independent Advisors	The Board may retain independent advisors as required.	Same subject to Board approval

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Terms	<p>Board member terms are not set by statute. The only board members who have terms are the two members who have institutional investment experience. They have a 5-year term. There are no term limits.</p>	<p>Terms will be one year or termination of the term on the SIB. There are no term limits; Committee members serve at the pleasure of the Board.</p>
Chair/Vice-Chair	<p>21-10-04. Board — Meetings. The State Investment Board shall select one of its members to serve as chair, one to serve as vice chair, and shall meet at the call of the chair or upon written notice signed by two members of the board.</p>	<p>The Board Chair will appoint a Committee Chair, and a Vice Chair. The Board Chair typically acts as the liaison. The Chair will preside at all meetings of the Committee. In the absence of the Chair, the Vice Chair will perform the duties of the Chair. The Board Chair / Vice Chair may serve as ex officio members of all committees.</p>
Election of Officers	<p>Nomination: Self-nomination is allowed; no second is required. Voting threshold: A majority of members present and voting; there will be a runoff between top two if no majority. Voting method: Default recorded vote; any member may request secret ballot; the ED will record totals. Documentation: Candidates, vote totals, and outcomes will be recorded in the minutes. Officers may be re-elected.</p>	
Ad hoc and Sub-Committees	<p>The Board may form, and delegate authority to ad hoc or sub-committees when it deems appropriate.</p>	<p>Same as the board.</p>
Committees	<p>The Board Chair will propose a slate of Committee members for Board approval. The Board may also form an investment advisory council.</p>	<p>Investment; Audit & Risk; Governance Policy Review; Executive Review & Compensation; Budget & Finance</p>

Conduct Dimension	State Investment Board (Board)	Standing Committees (All Committees)
Vacancies	<p>A vacancy occurs upon: written resignation effective date; removal from officer role; removal from Board membership; death; permanent incapacity; loss of eligibility; disqualifying legal status; or failure-to-attend. The ED will notify the Board within 5 business days; Chair notifies appointing authority within 10 business days.</p> <p>Holdovers: A member may continue to serve until a successor is appointed and qualified. A holdover should not exceed 90 days without written notice to the appointing authority. Staggered</p> <p>Appointments: Where appointment authority allows, the Board recommends staggered appointments and continuity planning to avoid simultaneous turnover.</p>	
Independence	<p>Not specified at the Board other than 21-10-09. Personal profit prohibited — Penalty. No member, officer, agent, or employee of the state investment board may profit in any manner from transactions on behalf of the funds. Any person violating any of the provisions of this § is guilty of a class A misdemeanor. See also Board members' code of conduct.</p>	<p>External Investment Committee members shall be independent and free from material conflicts of interest. External members may not: have a current business relationship with investment managers, service providers, or counterparties used by the SIB; participate in decisions where a real or perceived conflict exists. Independence is reviewed at appointment and periodically thereafter.</p>

The Board's standing Committees shall operate under the terms of a charter approved by the Board. The expectation is that Committees will perform the due diligence necessary to support a recommendation to

the full Board for its approval. The SIB determines a multi-year calendar and Committees organize their work accordingly.

**Investment
Committee**

**Audit, Risk &
Compliance
Committee**

**Governance &
Policy Review
Committee**

**Executive Review
& Compensation
Committee**

**Budget &
Finance
Committee**

Purpose

The Investment Committee (IC) is a standing Committee of the SIB. The IC will:

- Be forward-looking to reduce "surprises" for the SIB.
- Provide research and recommendations to the Board on asset allocation and benchmarks.
- Provide oversight of SIB investments within the parameters established by the SIB including an analysis of risk and return at the portfolio, asset class, and client fund levels.
- Review decisions made about deviations from established benchmarks and allocation of investments among internal management (if approved) and external management, including decisions about passive, active and quantitative styles.
- Focus on various policies and procedures of the agency to assure they are consistent with industry standards and that they continue to keep pace with prudent investment theory and practice.
- Propose changes to its Investment Policy including delegation of investment authority to RIO investment staff; recommend the SIB IC Investment Guidelines (IC Guidelines); recommend the general strategies for each investment division; and recommend new investment instruments. All investment guidelines must be consistent with the investment authority provided in N.D.C.C. Chapter 21-10.
- Act as liaison between the RIO Investment Staff and the SIB on issues concerning investment performance and investment risk management.
- Provide consultation and assistance to the SIB, Executive Director and staff concerning total fund allocation changes or rebalance decisions, as needed.

Recommended Capabilities

Collectively, members of the Committee should possess the following capabilities, and where gaps exist, a targeted continuing education plan shall be established to address them:

- Strategic Asset Allocation & Long-Horizon Policy Setting
- Active Risk Budgeting & Portfolio Construction

- Public & Private Markets Understanding
- Manager Oversight & Performance
- Liquidity, Investment Risk & Stress Scenario Awareness

Staff Liaison: Chief Investment Officer

Powers and Responsibilities

1. Set: Research and Recommend

- Changes to the SIB Investment Policy, as necessary including any delegation of authority to RIO investment staff.
- Changes to SIB's strategic asset allocations and fund-level active risk objectives and benchmarks.
- Asset class strategies annually in the context of long-term policy, not annual reinvention.
- New investment strategies (both internal direct and external), portfolios, and the use of new investment instruments.
- Changes and additions to the Portfolio and Committee Guidelines as necessary.
- Oversee the hiring of investment advisors and benchmark consultants to the Board.
- Waiver: Review and act on all requests from investment managers, both internal and external for waivers to provisions in their investment guidelines. On an emergency basis when it is impractical to timely convene a meeting of the Committee, either the Chair or Vice Chair of the Committee with the concurrence of the Chief Investment Officer or the Executive Director, may approve a waiver. That waiver will be brought to the Committee for ratification at its next regularly scheduled meeting.
- Recommend total fund risk budget.
- Recommend active risk allocation strategy.

2. Approve: Not authorized

3. Oversee Performance and Risk

a. Long-Term Policy & Strategic Asset Allocation — Preserve strategic policy continuity and long-horizon return objectives.

- Long-term investment policy and multi-year strategic asset allocation.
- Strategic performance and risk of asset allocation relative to objectives and liabilities.
- Any new investment programs or initiatives across all SIB portfolios.
- Alignment of strategies with the system's risk appetite and long-term return objectives.

b. Total Portfolio Risk & Active Risk Governance — Assure risks taken are intentional, measured, and aligned with policy.

- Risk and return at the total fund, asset class, portfolio, and client fund levels.
- Active risk compared to objectives, benchmarks, and approved active risk targets.
- Oversight of the total fund risk appetite and active risk budget, including escalation thresholds requiring IC or Board action.
- Decisions regarding deviations from benchmarks and the allocation of risk across internal, external, passive, active, and quantitative strategies.

c. Performance Measurement & Reporting Framework — Assure decision-quality information and consistent evaluation standards.

- Oversight of procedures, methodologies, and frequency of review for fund, asset class, and portfolio performance; performance attribution; allocation within asset classes; and risk levels.
- Review of annual benchmark recommendations from a Board-appointed benchmark consultant.
- Examination of internally and externally managed portfolios, individual investments, and correlations among portfolios to support informed oversight.

d. Investment Manager & Service Provider Oversight — Maintain accountability for delegated investment execution.

- Oversight of investment managers' performance.
- Oversight of staff selection of investment managers.
- Review of allocation decisions among internal and external management mandates.
- Assurance that delegated authority is exercised within Board-approved policy and risk parameters.

e. Implementation, Operations & Transition Oversight — Reduce execution risk and assure value is not lost in implementation.

- Review of trading effectiveness for internally managed investment strategies.
- Review of quarterly transition reports, including costs, timing, and impacts.
- Oversight of implementation risks associated with portfolio changes and strategy execution.

f. Exception Management & Escalation — Assure timely visibility into deviations and emerging risks.

- Require exception-based reporting highlighting deviations from policy, risk limits, benchmarks, or expectations.
- Timely escalation of material exceptions to the SIB, based on agreed-upon thresholds and criteria.

g. Market Intelligence & Continuous Learning — Support informed judgment in a changing environment.

- Participation in periodic round-table discussions on the economic and investment environment.
- Ongoing education to maintain awareness of evolving market risks, opportunities, and structural changes.

4. Verify and Report Performance and Investment Policy Compliance

Purpose: Assure the Board is timely informed of emerging investment, liquidity, operational, or governance risks that could materially affect long-term objectives or policy continuity.

- Report the investment performance of the funds to each fund’s governing authority.
- Review all compliance-related issues including compliance with statutes, administrative rules, internal and external manager investment guidelines or as otherwise requested.
- Review other compliance-, risk- or derivative-related matters that are directed to the attention of the IC by the SIB, external auditors, the Internal Audit group, and RIO investment and fiscal/operations staff.

The Audit, Risk and Compliance Committee (ARCC) is a standing Committee of the North Dakota State Investment Board established to support the Board’s fiduciary oversight of the North Dakota RIO by obtaining independent reassurance and verification and providing enterprise-wide performance risk oversight.

Purpose

The Committee serves as the Board’s primary forum for oversight of enterprise risk management, internal and external audit, financial reporting and controls, and compliance with laws, regulations, and ethical standards, and as a communications link among the Board, RIO management, Internal Audit, independent auditors, and other reassurance providers.

ARCC’s role is oversight — not execution. The ARCC does not direct investment activity or operational execution, nor does it participate in management’s execution of controls, audits, or

risk mitigation activities. Where matters intersect with investment operations, ARCC's role is limited to independent oversight, reassurance, and verification, with primary responsibility residing with management and the Investment Committee. Investment operational matters remain Investment Committee-led, with ARCC providing independent oversight.

In fulfilling its mandate, the ARCC:

- Oversees the enterprise risk management (ERM) framework, including the identification, assessment, monitoring, and escalation of material financial, operational, compliance, technology, reputational and accessibility risks, including key performance and risk indicators (KPRIs).
- Provides independent oversight of the Internal Audit function, including approval of the annual risk-based audit plan and assessment of Internal Audit's effectiveness and independence in accordance with The Institute of Internal Auditors' professional standards.
- Oversees the independent external audit, including audit scope, significant accounting judgments, internal control over financial reporting, and the resolution of audit findings.
- Oversees financial reporting and controls, compliance, ethics, whistleblower, and fraud-prevention frameworks, and monitors management's responsiveness to regulatory examinations and audit recommendations.

The ARCC has authority to approve the annual internal audit plan, recommend the selection, evaluation, or termination of independent external auditors, investigate any matter within its scope, and retain independent advisors as necessary. All approvals are limited to authority explicitly delegated by the Board.

The ARCC reports regularly to the Board on its activities, findings, risks, and recommendations; provides an annual written report describing how its responsibilities were discharged; and escalates significant risk, compliance, ethics, or audit matters to the Board as appropriate.

Independent External Audit — Review Responsibilities

In overseeing the independent external audit, the ARCC reviews:

- The independent auditors' proposed audit scope and approach, including coordination with RIO's Internal Audit staff and any developments in accounting principles and auditing standards.
- The effectiveness of the RIO's internal control system, including information technology security and control.
- Whether the financial statements are complete, consistent with information known to ARCC members, and reflect appropriate accounting principles — including the accuracy and

completeness of information in other sections of the annual report and related regulatory filings.

- The significant accounting and reporting issues, including complex or unusual transactions and highly judgmental areas, and recent professional and regulatory pronouncements, and their impact on the financial statements.
- All matters required to be communicated to the Committee under generally accepted auditing standards, with RIO's management and the independent auditors.
- Non-audit services, if any, performed for the RIO by the independent auditors.

Recommended Capabilities

Collectively, ARCC members should have capabilities in the following areas, and where gaps exist, a targeted continuing education plan shall be established to address them:

- Financial Reporting & Audit Oversight
- Internal Controls & Assurance
- Enterprise & Operational Risk Oversight
- Compliance, Ethics & Regulatory Awareness
- Risk Reporting, Dashboards & Escalation

Staff Liaison: Director of Audit (DA)

- The RIO's Director of Audit is the staff member reporting administratively to the Executive Director and functionally to the ARCC. The DA is independent of the Executive Director.
- The DA shall have unrestricted access to the Committee, the Board Chair, and all records, personnel, and physical properties relevant to audit activities.
- The Executive Director will supervise the administrative activities of the Internal Audit function and independent audit activities such as securing contracts, paying fees, maintaining official reports, and other appropriate activities.
- The DA will report annually to the SIB on the results of the independent audit and at least four times a year to the SIB and TFFR Board on the activities of the ARCC and other pertinent information.

Powers and Responsibilities

1. Conduct Special Investigations

- Institute and oversee special investigations as needed.

2. Set: Research and Recommend

- Identify improvements to performance and risk management.
- Selection, evaluation and termination of independent external auditors.
- Make recommendations to the North Dakota State Auditor's Office, when appropriate.

3. Approve: Not authorized except to approve the annual internal audit plan.

- All Committee approvals are limited to those explicitly delegated by the Board.
- The ARCC will approve the annual internal audit plan including the use of third parties to support the plan.

4. Oversee Operational Performance and Risk

The ARCC oversees the enterprise risk management framework, including the identification, assessment, monitoring, and reporting of material financial, operational, compliance, technology, and reputational risks. Investment risks are the purview of the Investment Committee. The ARCC reviews management's risk assessments, mitigation strategies, and reporting processes, and escalates material risk exposures to the Board as appropriate.

- Internal and external audit programs including financial and other reporting practices.
- Internal controls and operational risks.
- Compliance with laws, regulations, and ethics.

5. Oversee Internal Audit Services

a. Internal Audit Services

- Consider the effectiveness of the Internal Audit function, within The Institute of Internal Auditors' International Professional Practices Framework for Internal Auditing consisting of the Definition of Internal Auditing, Code of Ethics and the Standards.
- Review with the Executive Director and DA the audit charter, activities, staffing, and organizational structure of Internal Audit.
- Review and approve the annual risk-based audit work plan and all major changes to the plan.
- Escalate to the Board any internal audit issues the ARCC determines significant and appropriate for Board consideration.
- Participate with the Executive Director in the appointment and annual evaluation of DA. Work with the Executive Director on any changes in staffing, including the addition, termination, or replacement of auditors, and the approval of salary increases and/or promotions other than those authorized by the legislature.

b. Independent External Audit

- Review the independent auditors' proposed audit scope and approach, including coordination of audit effort with RIO's Internal Audit staff and any developments in accounting principles and auditing standards that may affect either the financial statements or the audit.
- Inquire as to any proposed changes in accounting or financial reporting procedures and of any unusual events that could impact the financial statements.
- Review the results of the financial statements report with the independent auditors and RIO's management, prior to the release of the financial statements report to the SIB and other officials, including: any major problems encountered by the independent auditors and the resolution thereof; the effect on the audit of any developments; any unresolved differences between the independent auditors and RIO's management; any other significant comments or recommendations; the adequacy of RIO's internal accounting controls and accounting policies, procedures, and practices; the effectiveness of RIO's internal control system, including information technology security and control; and whether the financial statements are complete, consistent with information known to ARCC members, and reflect appropriate accounting principles.
- Understand the scope of independent auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with RIO's management responses.

c. Oversee Performance Risk Management

- Obtain information and/or training to enhance the ARCC's understanding of the organization and its related risk management processes and key performance risk indicators.
- Review the adequacy of the organization's policy on risk management.
- Review the effectiveness of the organization's system for assessing, monitoring, and controlling significant risks or exposures.
- Review management reports on risks and related risk mitigations.
- Hire outside experts and consultants in risk management, as necessary, subject to full Board approval.

d. Verify Compliance

- Review staff compliance with federal and state laws and North Dakota administrative code as applicable to RIO, the SIB and TFFR Board programs, and the process for communicating the code of conduct to RIO's staff, and for monitoring compliance through the receipt of the audit results.

- Review the process for communicating and monitoring compliance with the code of ethics, code of conduct, and fraud policies.
- Review the findings of any examinations by regulatory agencies, any auditor observations related to compliance, and the responsiveness and timeliness of management's actions to address the findings/recommendations.
- Obtain updates from RIO's management and legal counsel regarding compliance matters, as deemed necessary.

e. Whistleblower

- Serve as an appropriate confidential body for individuals to provide information on potentially fraudulent financial reporting or breaches of internal control.

f. Fraud, Abuse, Misuse

- Oversee management and Internal Audit regarding the procedures in place for the prevention of illegal payments, conflicts of interest, or other questionable practices.

g. Other

- Perform other activities related to this charter as requested by the SIB.
- Review any other reports the RIO issues that relate to the Committee's responsibilities.

6. Verify and Report

- Report to the SIB about the ARCC's activities, issues, and related recommendations.
- Provide a written report annually to the SIB, describing the ARCC's composition, responsibilities and how they were discharged, and any other information required.
- Significant compliance, ethics, or fraud matters shall be reported promptly to the ARCC Chair and escalated to the Board as appropriate.
- The DA shall provide an annual attestation to the ARCC confirming that no undue influence has been exerted over the Internal Audit function.

Purpose

The Governance & Policy Review Committee (GPRC) is a standing Committee of the North Dakota State Investment Board (SIB). The GPRC assists the Board in fulfilling its fiduciary responsibilities by overseeing the integrity, coherence, and effectiveness of the Board's governance framework.

The GPRC's role is governance and policy stewardship, not management execution. The GPRC assures that Board policies remain clear, current, internally consistent, and aligned with fiduciary duties, statutory authority, and long-term objectives.

The GPRC is intentionally policy-centric rather than operational and serves as the Board's institutional memory and governance steward. Its effectiveness is measured by improved clarity, consistency, fewer governance-related surprises, and stronger long-term decision discipline.

The GPRC shall periodically review the Board's governance framework against recognized governance standards and leading practices and recommend enhancements as appropriate.

Authority and Limitations

- Has authority to review, assess, and recommend.
- Does not have authority to approve policy, except where specifically delegated by the Board.
- Does not direct management operations.
- May request information, analyses, and assistance from management and external advisors as necessary to fulfill its duties.

Recommended Capabilities

Collectively, members of the Committee should possess the following capabilities, and where gaps exist, a targeted continuing education plan shall be established to address them:

- Fiduciary Duties & Public Governance Law
- Board–Management Delegation & Accountability
- Governance Frameworks, Policies & Charters
- Ethics, Conflicts & Independence
- Board Effectiveness & Self-Assessment
- Compliance with the Americans with Disabilities Act (ADA)

Staff Liaison: Executive Director

Powers and Responsibilities

1. Conduct — Annual Self-Assessments

The GPRC shall conduct its own self-assessment and oversee the completion of annual self-assessments for the Board and all Committees and shall report the results to the Board.

2. Set: Research and Recommend

Charter and Delegations Framework

The GPRC shall periodically review this Charter and all Committee charters (no less than every three years) and recommend updates to reflect: statutory or regulatory changes; evolving governance practices; Board priorities; clearer decision-making, delegation, and accountability; and delegations of authority.

The GPRC shall review and recommend Board delegations to Committees, the Executive Director, and staff, assuring that delegations are clearly defined, include appropriate limits and reporting expectations, and preserve Board accountability while enabling effective operations.

The GPRC may recommend governance enhancements that strengthen long-term stewardship, informed challenge, constructive Board–management relationships, and disciplined decision-making.

3. Approve: Not authorized

The Committee is not authorized to approve, except where explicitly delegated by the Board.

4. Oversee

a. Governance Risk and Alignment

- Monitor emerging governance, fiduciary, and regulatory risks.
- Oversee alignment of Board policies with statutes, regulations, fiduciary standards, and leading practices.
- Coordinate, as appropriate, with Audit & Risk, Legal Counsel, and external governance advisors.

Material governance issues shall be elevated to the Board with clear recommendations.

b. Board Effectiveness and Development

The GPRC shall oversee processes that support effective Board performance, including: annual Board and Committee self-assessments; Trustee orientation and ongoing education expectations; and practices related to meeting effectiveness, agenda design, and the quality and timeliness of Board materials.

c. Governance Policy System

The GPRC shall oversee the design and coherence of the Board’s governance system, including governance policies, delegations of authority, Committee charters, and Board bylaws and procedures. The Committee shall monitor for gaps, overlaps, or ambiguity that could undermine fiduciary oversight.

d. Governance Policy Review Cycle

The GPRC shall establish and oversee a structured review cadence (no less than every three years) assuring reviews are risk-informed, aligned with statute and leading practice, and reflective of Board intent. Annual review does not imply annual revision.

5. Verify and Report to the Board

a. Verification — The GPRC shall verify that governance documents clearly define roles, authorities, and accountability; distinguish Board oversight from management execution; and remain internally consistent and free of conflict or duplication.

b. Reporting — The GPRC shall report regularly to the Board regarding policy review activities, governance assessments, and recommendations for action. Recommendations shall be decision-ready and include rationale, implications, and alternatives where appropriate.

Purpose

The Executive Review and Compensation Committee (ERCC) is a standing Committee of the State Investment Board. The ERCC will assist the SIB in fulfilling its fiduciary oversight responsibilities of “monitoring executive performance (which) is synonymous with monitoring organizational performance against Board policies.” The ERCC will also assist the SIB in developing compensation goals and strategies for the agency as a whole that are in alignment with the strategic plan of the agency.

The primary roles are to:

- Evaluate Executive Director performance annually
- Recommend executive compensation to the Board
- Oversee executive succession and leadership continuity
- Assure compensation philosophy supports long-term mission
- Commission independent compensation benchmarking

Recommended Capabilities

Collectively, ERCC members should possess the following capabilities, and where gaps exist, a targeted continuing education plan shall be established to address them:

- Executive Performance Evaluation
- Incentive Design & Risk Alignment
- Peer Benchmarking & Market Context

- Succession Planning & Leadership Assessment
- Independence, Ethics & Compensation Governance

Staff Liaison: Chief Legal Counsel (CLO) or third party for matters related to the Executive Director. The Executive Director will be the liaison for all other matters.

The Chief Legal Officer (CLO) or a third party will be responsible for the preparation of all ERCC materials related to the Executive Director's Performance Evaluation and Compensation. The CLO or 3rd party will prepare an annual summary of the required reports submitted to the SIB by the Executive Director and Chief Investment Officer in connection with its review of policy adherence. The CLO or 3rd party will also assist the ERCC in completing annual surveys of the Executive Director with the SIB, SIB clients, and RIO team members.

The ERCC will conduct a formal evaluation of the Executive Director during the first half of every calendar year. This formal evaluation by the ERCC will serve as the basis for an annual compensation recommendation for the Executive Director only to be reviewed and approved by the SIB on or before June 30th each year.

The ERCC shall utilize an independent third-party advisor, as appropriate, to facilitate executive performance evaluations and compensation benchmarking to preserve objectivity and independence. Internal Audit may observe or verify process integrity but shall not lead executive performance assessments.

Powers and Responsibilities

1. Set: Research / Recommend

Prior to June 30th of each year:

- Recommend approval of the annual performance evaluation of the Executive Director.
- Make a compensation recommendation for the Executive Director to the SIB.
- Review and make recommendations regarding RIO's compensation policy to assure RIO can recruit and retain superior talent to satisfy the core mission and strategic plan of the agency.

The ERCC and/or RIO will seek SIB approval prior to formally engaging any third-party assistance in conducting the annual executive review process.

2. Approve: Not authorized

The ERCC is established by the SIB and has no power or authority to act on behalf of the full Board unless specifically delegated. The ERCC will abide by the provisions in the governance manual that pertain to the meetings and actions of the Board.

3. Oversee

The ERCC shall oversee executive succession and leadership continuity frameworks for key executive roles, including the Executive Director, the Chief Investment Officer and the Chief Financial Officer, to reduce key-person risk and support long-term organizational resilience.

4. Verify / Report

Report the survey results to both the SIB and TFFR Board.

Purpose

The Budget & Finance Committee (BFC) is a standing Committee of the SIB. It assists the SIB in fulfilling its fiduciary responsibilities for financial stewardship, resource alignment, and long-term organizational sustainability. The BFC's role is oversight and assurance, not execution.

The BFC assures that the SIB's budget, financial plans, and resource decisions are aligned with Board-approved priorities, statutory constraints, and the long-term ability of the organization to carry out its investment and fiduciary mandate.

The BFC is forward-looking, not transactional. Its success is measured by: fewer budget surprises; clear linkage between strategy and resources; stronger long-term organizational capacity; and providing the Board with a disciplined forum to address resource trade-offs explicitly, rather than implicitly through risk or performance outcomes.

The BFC does not evaluate internal controls, accounting judgments, or audit findings, which remain within the purview of the ARCC. The BFC may rely on ARCC assurance in assessing financial sustainability.

The BFC shall consider the budget and financial plans over a multi-year horizon, including the forward implications of staffing, compensation, technology, and vendor commitments.

The BFC shall coordinate with the ERCC to assure compensation structures and staffing plans are financially sustainable and aligned with approved resource levels.

Recommended Capabilities

Collectively, BFC members should have the following capabilities, and where gaps exist, a targeted continuing education plan shall be established to address them:

- Financial Reporting & Fund Accounting
- Multi-Year Financial Planning & Sustainability

- Financial Controls, Procurement & Contracts
- Resource Alignment to Strategic Priorities

Staff Liaison: The Chief Financial and Operating Officer

Powers and Responsibilities

1. Set: Research / Recommend

Financial Policy (Non-Investment)

The BFC shall review and recommend Board-level financial policies, including budget principles, reserve or contingency policies (if applicable), and cost allocation methodologies. Financial policies shall support long-term stewardship, be internally consistent with governance and delegation policies, and not conflict with investment policy (IC) or audit controls (ARCC).

Budget Recommendation

The BFC shall review management's proposed annual operating budget and biennial or multi-year financial plans (as applicable), assess whether proposed budgets align with Board priorities and policies, support effective execution of the investment program, and are realistic given statutory appropriation constraints, and recommend the budget to the full Board for approval prior to submission to the Legislature as required.

2. Approve: Not authorized

The BFC has authority to research and recommend. It does not approve expenditures, direct management spending decisions, manage staff or vendors, or negotiate contracts. It may request information, analyses, and scenario modeling from management and may recommend engagement of external advisors, subject to Board approval.

3. Oversee

A. Financial Performance & Monitoring

The BFC shall oversee exception-based reporting of actual vs. budgeted expenditures, material variances and their drivers, and trends in cost structure over time. It shall monitor financial sustainability indicators, including staffing and compensation capacity, technology and systems funding, and vendor and external service costs, and escalate material budgetary risks or pressures to the full Board.

B. Resource Adequacy & Organizational Capacity

The BFC shall evaluate whether financial resources are sufficient to support the complexity and scale of assets under management, internal investment management and oversight, and risk

management, compliance, audit, and data capabilities. It shall consider benchmarking inputs (e.g., peer systems, AUM-per-FTE, budget per \$AUM) as context, not determinative metrics, and advise the Board on resource trade-offs that may affect investment performance, risk exposure, and organizational resilience.

C. Statutory & Appropriation Alignment

The BFC shall oversee alignment of the budget with legislative appropriation authority, continuing appropriation provisions, and applicable fiscal statutes and policies; monitor constraints or risks arising from line-item appropriations, hiring or compensation limitations, and procurement or technology funding restrictions; and coordinate as appropriate with management, legal counsel, and legislative or oversight bodies (through the Board).

4. Verify & Report

The BFC shall report regularly to the full Board on: budget recommendations; financial performance and material variances; resource adequacy risks; and policy recommendations related to financial stewardship.

Key Decisions

60+ Major Board decisions
over a 5-year cycle

The Decision Register — a complete inventory of key Board approvals, organized by committee and cadence.

Decision Register Overview

— DECISION ARCHITECTURE

Decision Register: Key Board Approvals, Cadence and Reporting (Organized by Committee)

The GPS introduces a **Decision Register** — a catalogued inventory of the major decisions the Board makes, organized by type, frequency, and required authority level. The Board makes at least 60 major governance decisions over any five-year period.

To support each major decision, the GPS introduces *Just-in-Time Peer Intelligence Reports* and curated board insights — providing relevant context and suggested questions to ask in advance of each significant vote or action.

The Five Powers: Conduct, Set/Approve, Delegate, Oversee, and Verify & Report. Together, they frame every decision in the register. Committees perform due diligence and recommend; the SIB approves.

The Decision Registry — Purpose & Functions

— DECISION ARCHITECTURE

The Governance Policy System is designed to assure that the State Investment Board exercises its fiduciary authority in a disciplined, transparent, and repeatable manner across multiple years. At the core of the Governance Policy System are two reinforcing governance tools:

1. **The Decision Registry** — a structured inventory of all recurring and non-recurring Board decisions.
2. **The Governance Cycle** — a calendarized multi-year cadence of Board and Committee activities through which policies are set, decisions are approved, authority is delegated, performance is overseen, and results are verified.

Together, these tools establish a five-year governance cycle that organizes the Board’s fiduciary responsibilities into a structured sequence of decisions, oversight activities, and policy refinements. This approach assures that the Board governs proactively rather than reactively, maintains disciplined oversight of delegated authority, and continuously improves the governance framework over time.

The Decision Registry is the central operating instrument of the Governance Policy System. It is a structured record that identifies, documents, and schedules all key Board decisions required to govern the investment program and the organization.

The Decision Registry serves several governance functions

- Provides clarity regarding which decisions belong to the Board;
- Establishes decision ownership and delegation;
- Schedules just-in-time intelligence and insights (continuing education) in preparation for decisions;
- Assures that decisions are made with adequate preparation and due diligence;
- Aligns Board activity with the organization’s strategic and fiduciary responsibilities;
- Enables multi-year governance planning.

Each entry in the Decision Registry typically identifies

- The decision topic;
- The timing or cadence of the decision;
- The Board authority being exercised;
- The committee responsible for due diligence;
- The intelligence and insights needed in advance to make a prudent decision;
- The information, analysis, and independent advice required;
- The expected outcome or approval.

The Decision Registry assures that every significant Board decision is prepared through an appropriate governance process, including committee due diligence, expert analysis, and independent verification where appropriate.

Complete Decision Register

— FULL REGISTER

Decision Register — Key Board approvals and cadence, organized by committee		
Policy Area	Due Diligence / Recommend	Cadence
GOVERNANCE & POLICY REVIEW COMMITTEE		
Governance, Authority & Controls	Election of Officers	Y1
	Delegation of Authority	Y3
	Delegation of Authority Matrix	Y3
	Annual Governance Calendar	Y1
	Committee Charters	Y3
	Governance Policies & Code of Conduct	Y3
	Conflict of Interest Determinations	Y1
	Policy Review Schedule	Y3
	Exception Requests to Policy	AN
	Hiring / Termination of Fiduciary Advisors & Governance Advisors	Y5

Policy Area	Due Diligence / Recommend	Cadence
Extraordinary & Non-Routine	Response to Governance Failure or Breach	AN
	Legal Counsel	AN
	Declaration of Emergency Authority	AN
	Litigation Strategy	AN
	Escalation of an Issue to Legislature	AN
	Settlement or Indemnification	AN
INVESTMENT COMMITTEE		
Investment Strategy	Investment Beliefs	Y5
	Long-term Objectives & Risk Appetite	Y5
	Asset Allocation Policy	Y4
	Strategic Asset Allocation Targets	Y4
	Use of Leverage / Derivatives / Alternatives	Y5
	Deviation from Investment Policy	Y5
	Hiring / Termination of Custodian & Master Service Providers	Y5

Policy Area	Due Diligence / Recommend	Cadence
Portfolio Structure & Risk	Active Risk / Tracking Error Limits	Y5
	Liquidity Framework	Y5
	Concentration Limits	Y5
	Capital Development Pacing	Y1
	Stress Testing & Scenario Framework	Y1
	Rebalancing Policy	Y5
	Response to Market Stress	Y1
	Response to Liquidity Event	Y1
Benchmarks & Performance	Benchmarks & Reference Portfolios	Y1
	Performance & Evaluation Measures	Y5
	Underperformance Thresholds & Watch Lists	Y1
	Manager Hiring and Termination Criteria	Y5
	Long-Term Funding Status	Y1
	Investment & Risk Dashboards	Y1
EXECUTIVE REVIEW & COMPENSATION COMMITTEE		

Policy Area	Due Diligence / Recommend	Cadence
Leadership & Talent	Hiring / Termination of the Chief Executive	AN
	Executive Compensation Plan	Y1
	Incentive & Long-Term Incentive Plan (LTIP)	Y1
	Performance Goals for the Chief Executive	Y1
	Succession Plan	Y3
BUDGET & FINANCE COMMITTEE		
Financial & Operational Stewardship	Annual Operating Budget for Legislative Approval	Y2
	Staffing Levels & Key Positions for Legislative Approval	Y2
	Fee & Expense Policy (only applicable if 'off books')	AN
	Cost Allocation Methodology	Y1
	Capital Expenditures (Continuing Authority)	AN
	Variances Beyond Budget (only applicable if 'off books')	Q
AUDIT, RISK & COMPLIANCE		

Policy Area	Due Diligence / Recommend	Cadence
Accountability & Transparency	Hiring / Termination of Director of Audit	AN
	External Auditor Appointment (if permitted)	AN
	Risk Management Framework	Y1
	Internal Audit Plans	Y1
	Internal Audit Findings	Y1
	Corrective Action Plans	Y1
	Certification of Compliance with Statutory Duties	Y1

Cadence Key

- **Y1** — Annual
- **Y2** — Biennial
- **Y3** — Every 3 years
- **Y4** — Every 4 years
- **Y5** — Every 5 years
- **Q** — Quarterly / Monthly
- **AN** — As Needed / Event-Driven

Decision Flow

Committees perform the due diligence necessary to support a recommendation to the full Board for its approval. The SIB determines a multi-year calendar and Committees organize their work accordingly. Just-in-Time intelligence and insights are linked to the calendar.

TRIGGERS

The key is not cadence length. The key is discipline around triggers.

Event-driven items activate outside the calendar — emergency authority, litigation, CE hiring, market stress events.

QUALIFIES AS A TRIGGER

- Funding model fundamentally changes
- Liquidity structure permanently shifts
- Regulatory mandate changes
- Internalization model changes materially
- Systemic financial architecture changes
- Inflation regime permanently shifts

DOES NOT QUALIFY

Market drawdowns do not qualify.

Short-term performance deviations within expected variance and routine operational matters within delegated authority are not event-driven triggers.

Timing

Calendar cadence rationale for each GPS approval item. The key is not cadence length — the key is discipline around triggers.

The Governance Cycle

— TIMING PHILOSOPHY

The Governance Cycle is the structured multi-year timing and cadence through which the Board fulfills its fiduciary responsibilities. The Governance Cycle is designed to span five years, with individual decisions occurring on annual, biennial, or multi-year intervals depending on their importance and statutory or fiduciary requirements.

The cycle organizes governance activities into a continuous decision-making loop, assuring that policies remain current, delegated authority is monitored, and performance outcomes inform future decisions. The Governance Policy System organizes the Board's activities by its powers:

1. Conduct the business of the Board and its Committees

Subject to governing statutes, the Board determines how it will conduct business, make decisions collectively, and delegate to committees and the Executive Director. This stage is where agendas and calendars are set, committee assignments are made, and self-evaluations are scheduled.

2. Set Direction and Policy

The Board establishes policy direction and strategic objectives, defining its expectations regarding organizational mission and strategic priorities, investment policy and risk appetite, governance policies and the delegation framework, and fiduciary standards and performance objectives. Committees may assist in developing policy proposals, but policy authority remains exclusively with the Board.

3. Approve and Delegate Authority

Following committee review and due diligence, the Board formally approves policies and strategic decisions. Once approved, the Board delegates the authority and resources necessary to implement the decision — including authority to the Executive Director and senior staff, implementation responsibility within the Retirement and Investment Office, and defined reporting requirements and performance expectations. Delegation is always accompanied by clear accountability and monitoring expectations.

4. Oversee execution within policy

The Executive Director and staff implement Board policies and decisions. Committees may monitor implementation progress but do not manage operations. The Board and its committees oversee performance, practices, and controls associated with delegated authority, performing oversight within their areas of responsibility and reporting findings to the Board through performance reports, risk monitoring reports, financial condition reviews, operational updates, and strategic progress reports.

5. Verify and Report

Independent assurance mechanisms provide verification of results and governance practices — including internal audit reviews, external audit reports, independent investment performance analysis, governance reviews, and legal and compliance reviews. Committees review independent auditor and advisor reports and present conclusions and recommendations to the Board. The Board evaluates whether policies remain appropriate, whether delegated authority has been exercised prudently, and whether governance practices require refinement. Where necessary, the Board updates policies or governance structures, beginning the next cycle of governance decision-making.

Continuous Governance Improvement

The Governance Cycle creates a continuous improvement loop in which each stage informs the next: Policy Direction → Approval and Delegation → Implementation → Oversight → Verification → Reporting and Policy Refinement. This cycle assures that governance evolves based on evidence, oversight findings, and strategic priorities rather than ad-hoc decision making.

Governance Calendar

The Governance Cycle is operationalized through a multi-year governance calendar derived from the Decision Registry. The calendar schedules Board approvals and oversight activities, aligns committee work plans with Board decision timing, assures that decisions occur with sufficient preparation and due diligence, and distributes governance workload evenly across the year. Some decisions occur annually, while others follow multi-year cycles.

The full Governance Calendar is available on RIO's website at www.rio.nd.gov, and is also provided in interactive form in the Governance Calendar Explorer below.

Decision Calendar & Cadence Framework

— TIMING PHILOSOPHY

The decision calendar and cadence was previously undefined. Part 5 of the GPS establishes *when* decisions are made — creating predictability and preparation time for board members, staff, and committees. The Decision Calendar gives the Board a prospective view of what is coming and when.

Timing is governance. Knowing *when* a decision arrives is as important as knowing *who* makes it or *how* it flows through the authority structure.

5-Year Cycle

Structural Policy

Structural policy framework item. Reviewed on a 5-year cycle consistent with long-horizon strategic governance practice.

e.g. Investment beliefs, Asset allocation policy, Strategic asset allocation targets

3–4 Year Cycle

Core Governance

Core governance or risk framework. Refreshed every 3–4 years to balance stability and responsiveness.

e.g. Risk frameworks, Benchmarks, Committee Charters, Manager criteria, Governance policies

Biennial (2-Year)

Authority Calibration

Authority or structural calibration item. Reviewed biennially, often aligned with ND legislative session.

e.g. Delegation of Authority, Operating Budget, Staffing Levels, Fee Policy

Annual

Statutory & Operational

Annual statutory, fiduciary, or operational requirement aligned with audit/funding cycle.

e.g. Governance Calendar, Compliance certification, Executive Comp Plan, Succession Plan, Funding status

Quarterly / Monthly

Ongoing Oversight

Oversight function requiring quarterly board visibility and monitoring of performance compared to policy.

e.g. Corrective Action Plans, Investment & risk dashboards

As Needed / Event-Driven

Triggered Decisions

Event-driven decision triggered by circumstances rather than calendar schedule.

e.g. Deviation from investment policy, Emergency Authority, Litigation, Settlement, CE hiring / termination

Triggers — Event-Driven Decisions

— EVENT TRIGGERS

The key is not cadence length. The key is discipline around triggers. Event-driven items activate outside the calendar — emergency authority, litigation, CE hiring, market stress events.

Triggers That Qualify

- Funding model fundamentally changes

- Liquidity structure permanently shifts
- Regulatory mandate changes
- Internalization model changes materially
- Systemic financial architecture changes
- Inflation regime permanently shifts

Triggers That Do NOT Qualify

- Market drawdowns do not qualify as event-driven triggers
- Short-term performance deviations within expected variance
- Routine operational matters within delegated authority

Benefits of a Defined Cadence

- Adequate preparation and pre-reading time for board members
- Proper committee sequencing before full-board action
- Alignment between executive planning and board oversight cycles
- Consistent pacing that reduces last-minute urgency
- Continuing education linked to the calendar — targeted and just-in-time

Current Governance Calendar

— BOARD & COMMITTEE SCHEDULE

This is the State Investment Board’s working governance calendar for the full Board and all six standing committees. It is organized on a **fiscal-year basis** (July 1 – June 30) and runs on a recurring **five-year cycle**, so that annual and quarterly business repeats each year while structural reviews surface in the year they are due.

Use the explorer below to see what each body decides, and when. **Filter by body, year, or quarter**, narrow by **cadence** (how often an item recurs), or **search** across topics, actions, and rationale. Every item shows the decision or action expected and a short note on why it falls in that part of the year. As-needed, event-driven matters are listed separately, since they activate on a trigger rather than on the calendar.

Q Quarterly Y1 Annual Y2 Biennial Y3 Every 3 yrs Y4 Every 4 yrs Y5 Every 5 yrs

AN As needed | FY quarters: Q1 Jul-Sep · Q2 Oct-Dec · Q3 Jan-Mar · Q4 Apr-Jun

BODY

All

Full Board

Investment

Audit Risk and Compliance

Governance Policy Review

Executive Review and Compensation

Budget and Finance

YEAR

All

Year 1

Year 2

Year 3

Year 4

Year 5

As Needed

QUARTER

All

Q1

Q2

Q3

Q4

CADENCE

All cadences



Search topics, actions, rationale...

Reset

Showing 528 of 528 scheduled items

Year 1 of the 5-Year Cycle

Q1 · JUL-SEP

Full Board

ANNUAL

Election of Board Officers (Chair, Vice Chair)

Elect Chair and Vice Chair for the coming year

First meeting after July 1 each year (NDCC 21-10-04). Q1 = fiscal year opening.

Full Board

ANNUAL

Annual Governance Calendar – review and approve

Approve calendar of Board and Committee meetings and decision schedule

Set at annual organizational meeting (Q1, first meeting of new FY).

Full Board

ANNUAL

Conflict of Interest Determinations – annual review

Receive and act on annual COI disclosures; approve any determinations

Annual affirmation from all trustees and staff at FY opening (Q1).

Full Board

ANNUAL

Investment Policy Statement – approval of annual benchmarks

Approve annual benchmark recommendations from IC and independent consultant

Q1: New FY benchmarks in effect July 1; IC recommends, consultant verifies.

Full Board

ANNUAL

Executive Director Performance Goals – set for coming FY

Approve ED performance goals for the upcoming fiscal year

Q1: Goals set at start of new FY (July 1) to guide year-long evaluation.

Full Board

ANNUAL

Cost Allocation Methodology – annual review

Approve cost allocation methodology across all 29 client funds

Q1: New FY cost allocations effective July 1; BFC recommends.

Full Board

ANNUAL

Risk Management Framework – annual review

Approve updated enterprise risk management (ERM) framework

Q1: Framework refreshed at FY start; ARCC recommends to Board.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Performance & Evaluation Measures – annual review

Confirm or adjust evaluation methodologies and performance attribution

Q1: Confirmed at start of new FY.

Investment

ANNUAL

Underperformance Thresholds & Watch Lists – annual reset

Approve updated thresholds; confirm or update manager watch list

Q1: Reset at FY open; triggers escalation to SIB when breached.

Investment

EVERY 5 YEARS

Investment Beliefs – full review and reaffirmation

Recommend affirmed or revised Investment Beliefs to SIB

Q1 of 5-year cycle; foundational; SIB approves Q2.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Risk Management Framework – annual review

Recommend updated ERM framework to SIB

Q1: Refreshed at FY start; includes risk appetite and escalation protocols.

Governance Policy Review

ANNUAL

Conflict of Interest Disclosures – review annual affirmations

Review trustee and staff COI affirmations; report compliance status to SIB

Q1: Annual affirmation at FY opening; concurrent with Board COI review.

Governance Policy Review

ANNUAL

Policy Review Schedule – update and maintain

Confirm policy review schedule and assign ownership for upcoming reviews

Q1: Set at FY opening; rolling 3-year review plan.

Governance Policy Review

EVERY 3 YEARS

Committee Charters – triennial review

Recommend updated Committee Charters to SIB

Q1: Review during summer/fall; SIB acts Q2.

Governance Policy Review

EVERY 3 YEARS

Delegation of Authority – triennial review

Recommend updated Delegation of Authority to SIB

Q1: Reviewed with charters; SIB approves Q2.

Governance Policy Review

EVERY 5 YEARS

Hiring / Termination of Fiduciary Advisors

Recommend engagement or termination of governance/legal advisors to SIB

Q1: 5-year RFP cycle; event-driven otherwise.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Financial Policies Review – budget principles, reserves

Recommend updated Board-level financial policies to SIB

Q1: Refreshed at FY start; GPS p. 55.

Q2 · OCT–DEC

Full Board

EVERY 3 YEARS

Delegation of Authority – full triennial review

Approve Delegation of Authority to Executive Director and Committees

Q2 (Oct-Dec): GPRC completes summer review; Board acts in fall.

Full Board

EVERY 3 YEARS

Delegation of Authority Matrix – full triennial review

Approve updated Delegation of Authority Matrix

Reviewed jointly with Delegation of Authority; Q2.

Full Board

EVERY 3 YEARS

Committee Charters – triennial review and update

Approve revised Committee Charters (all 5 committees)

GPRC leads summer review; Board approves Q2 (Oct-Dec).

Full Board

EVERY 3 YEARS

Policy Review Schedule – approve triennial review plan

Approve 3-year rolling policy review schedule

Set with charter and delegation reviews each triennial cycle.

Full Board

EVERY 5 YEARS

Hiring / Termination of Governance and Fiduciary Advisors

Approve engagement or termination of governance and fiduciary advisors

5-year RFP review; Q2 to allow summer evaluation period.

Full Board

EVERY 5 YEARS

Investment Beliefs – 5-year reaffirmation

Affirm or revise Board's investment beliefs statement

Q2: Foundational review early in 5-year cycle; IC recommends.

Full Board

BIENNIAL

Annual Operating Budget – biennial approval for Legislature

Approve biennial operating budget for submission to ND Legislature

Q2 (Oct-Dec): ND Legislature convenes odd-year Jan sessions; budget submitted fall.

Full Board

BIENNIAL

Staffing Levels & Key Positions – biennial approval

Approve staffing plan and key positions for legislative submission

Submitted with biennial budget request Q2; aligned with legislative calendar.

Full Board

ANNUAL

Internal Audit Findings – annual summary

Receive and act on material audit findings; approve corrective action plans

Q2 (Oct-Dec): Year-end audit concludes summer; results presented fall.

Full Board

ANNUAL

Certification of Compliance with Statutory Duties

Receive annual compliance certification from management

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Full Board

ANNUAL

Financial Statements – annual review and release approval

Approve release of annual financial statements to SIB and public

Q2: Audit of prior FY (ended June 30) typically complete by Oct-Dec.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Long-Term Funding Status – actuarial update (TFFR, PERS)

Receive funded status report; identify implications for asset allocation

Q2 (Oct-Dec): Actuarial valuations as of June 30 typically complete by fall.

Investment

ANNUAL

Stress Testing & Scenario Framework – annual update

Approve stress test scenarios for the coming year

Q2 (Oct-Dec): Based on updated economic outlook after FY close.

Investment

EVERY 4 YEARS

Asset Allocation Policy – full review

Recommend updated Asset Allocation Policy to SIB for approval

Q2: Deep liability and peer review in fall; SIB acts Q3.

Investment

EVERY 5 YEARS

Long-term Objectives & Risk Appetite – 5-year review

Recommend updated long-term objectives and risk appetite to SIB

Q2: Follows investment beliefs; drives SAA and active risk for cycle.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Internal Audit Findings – annual report

Receive annual audit results; escalate significant findings to SIB

Q2 (Oct-Dec): Audit of FY ended June 30 typically complete by fall.

Audit Risk and Compliance

ANNUAL

Director of Audit Annual Attestation – independence affirmation

Receive written attestation from the Director of Audit that no undue influence has been exerted

Q2: Concurrent with annual audit findings report; GPS p. 46.

Audit Risk and Compliance

ANNUAL

Financial Statements – pre-release review with auditors

Receive financial statements; confirm accuracy and approve release

Q2 (Oct-Dec): FY-end audit complete; ARCC reviews before public release.

Audit Risk and Compliance

ANNUAL

Certification of Compliance with Statutory Duties

Receive management certification; report status to SIB

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Audit Risk and Compliance

ANNUAL

ARCC Annual Written Report to SIB

Approve and submit annual ARCC report describing responsibilities and activities

Q2: Describes prior FY activities; GPS p. 42.

Governance Policy Review

EVERY 3 YEARS

Governance Policy Review Cycle – confirm cadence

Confirm review cadence remains appropriate; recommend changes if warranted

Q2: Annual review does not imply annual revision; GPS p. 49.

Executive Review and Compensation

ANNUAL

Long-Term Incentive Plan (LTIP) – annual review and payouts

Recommend LTIP structure and authorize prior-year payouts to SIB

Q2 (Oct-Dec): 3-year rolling performance periods; payout after FY close.

Executive Review and Compensation

ANNUAL

Policy Adherence Summary & Surveys – annual report

Present survey results and policy adherence summary to SIB and TFFR Board

Q2: CLO/third party prepares; covers SIB client and RIO team surveys after FY close.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Multi-Year Financial Outlook – forward implications review

Present 3-year financial projections to SIB; identify funding risks

Q2 (Oct-Dec): After FY close; forward view covering staffing, technology, vendors.

Budget and Finance

BIENNIAL

Annual Operating Budget – biennial preparation for Legislature

Recommend biennial operating budget to SIB for legislative submission

Q2 (Oct-Dec): ND Legislature convenes odd-year Jan; budget submitted fall preceding session.

Budget and Finance

BIENNIAL

Staffing Levels & Key Positions – biennial recommendation

Recommend staffing plan to SIB for legislative submission

Q2: Coordinates with ERCC on compensation sustainability; submitted with budget.

Q3 · JAN–MAR

Full Board

EVERY 4 YEARS

Asset Allocation Policy – 4-year formal review

Approve updated Asset Allocation Policy for all client funds

Q3 (Jan-Mar): Deep review during legislative session off-season; IC recommends.

Full Board

EVERY 5 YEARS

Long-term Objectives & Risk Appetite – 5-year review

Approve long-term return objectives and total fund risk appetite

Q3: Follows investment beliefs; drives SAA and active risk for cycle.

Full Board

EVERY 3 YEARS

Executive Succession Plan – triennial review

Approve updated succession framework for ED, CIO, and CFO

Q3: Allows time to integrate with annual comp/evaluation cycle in Q4.

Full Board

ANNUAL

Annual Board Self-Assessment – administer and report results

Receive GPRC self-assessment report; approve improvement priorities

Q3 (Jan-Mar): Mid-year assessment allows improvements before FY close.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

EVERY 4 YEARS

Strategic Asset Allocation Targets – full review

Recommend updated SAA targets for each client fund to SIB

Q3: Follows Asset Allocation Policy; SIB approves Q4 for July 1 effect.

Investment

EVERY 5 YEARS

Active Risk / Tracking Error Limits – 5-year review

Recommend updated active risk limits to SIB

Q3: Follows risk appetite decision.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Governance Policy Review

ANNUAL

Board & Committee Self-Assessment – administer and report

Report self-assessment results and recommend improvement priorities to SIB

Q3 (Jan-Mar): Mid-FY assessment allows improvements before year-end.

Governance Policy Review

ANNUAL

Governance Risk & Alignment Report

Report material governance risks and recommended actions to SIB

Q3 (Jan-Mar): Mid-year report; includes statutory and regulatory monitoring.

Executive Review and Compensation

ANNUAL

RIO Compensation Policy – annual review and recommendation

Recommend compensation policy updates to SIB; confirm market competitiveness

Q3 (Jan-Mar): Informs Q4 ICP recommendation and budget planning.

Executive Review and Compensation

EVERY 3 YEARS

Executive Succession Plan – triennial review

Recommend updated succession framework for ED, CIO, CFO to SIB

Q3: Allows integration with Q4 compensation and goals cycle.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Q4 · APR–JUN

Full Board

EVERY 4 YEARS

Strategic Asset Allocation Targets – 4-year review

Approve SAA targets for Legacy Fund, PERS, TFFR, and WSI

Q4 (Apr-Jun): Follows asset allocation policy; effective July 1 new FY.

Full Board

ANNUAL

Executive Director Performance Evaluation – annual

Approve annual performance evaluation of the Executive Director

MUST be approved by June 30 (end of Q4). ERCC leads formal evaluation.

Full Board

ANNUAL

Executive Director Compensation Recommendation

Approve Executive Director compensation for coming year

By June 30 (end of Q4); effective July 1 new fiscal year.

Full Board

ANNUAL

Incentive Compensation Plan – annual review and approval

Approve annual incentive compensation plan and ICM for all covered staff

Approved Q4 (Apr-Jun) to take effect July 1. ICM verified by independent consultant.

Full Board

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based internal audit work plan for the fiscal year

Q4 (Apr-Jun): Plan approved before fiscal year start (July 1); ARCC approves.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Benchmark Review – recommend to SIB

Recommend annual benchmarks to SIB for approval

Q4 (Apr-Jun): Consultant verifies; SIB approves; effective July 1.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based audit work plan and use of any third-party support

Q4 (Apr-Jun): Approved before July 1 start of new FY. Only item ARCC explicitly approves.

Audit Risk and Compliance

ANNUAL

External Audit – scope and approach review

Review external auditor's proposed scope; coordinate with internal audit

Q4 (Apr-Jun): Scope agreed before June 30 FY end for timely audit commencement.

Governance Policy Review

ANNUAL

Annual Governance Calendar – review and recommend

Recommend annual calendar of Board and Committee decisions to SIB

Q4 (Apr-Jun): Prepared for SIB approval at Q1 organizational meeting.

Executive Review and Compensation

ANNUAL

Executive Director Performance Goals – set for coming FY

Recommend ED performance goals to SIB for approval before fiscal year start

Q4 (Apr-Jun): Goals set before July 1 so they govern the entire new FY.

Executive Review and Compensation

ANNUAL

Executive Director Performance Evaluation – formal annual review

Recommend approval of formal ED evaluation to SIB (by June 30)

MUST be completed Q4 by June 30 (GPS p. 52). CLO/third party leads.

Executive Review and Compensation

ANNUAL

Executive Director Compensation Recommendation

Recommend ED compensation to SIB for approval (by June 30)

Q4: Based on evaluation; new compensation effective July 1.

Executive Review and Compensation

ANNUAL

Incentive Compensation Plan (ICP) – annual review and recommendation

Recommend annual ICP, ICM, and maximum incentive levels to SIB

Q4 (Apr-Jun): SIB approves before July 1; ICM verified by independent consultant.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Cost Allocation Methodology – annual review

Recommend updated cost allocation methodology across 29 client funds to SIB

Q4 (Apr-Jun): Approved before July 1; effective for new FY.

Year 2 of the 5-Year Cycle

Q1 · JUL–SEP

Full Board

ANNUAL

Election of Board Officers (Chair, Vice Chair)

Elect Chair and Vice Chair for the coming year

First meeting after July 1 each year (NDCC 21-10-04). Q1 = fiscal year opening.

Full Board

ANNUAL

Annual Governance Calendar – review and approve

Approve calendar of Board and Committee meetings and decision schedule

Set at annual organizational meeting (Q1, first meeting of new FY).

Full Board

ANNUAL

Conflict of Interest Determinations – annual review

Receive and act on annual COI disclosures; approve any determinations

Annual affirmation from all trustees and staff at FY opening (Q1).

Full Board

ANNUAL

Investment Policy Statement – approval of annual benchmarks

Approve annual benchmark recommendations from IC and independent consultant

Q1: New FY benchmarks in effect July 1; IC recommends, consultant verifies.

Full Board

ANNUAL

Executive Director Performance Goals – set for coming FY

Approve ED performance goals for the upcoming fiscal year

Q1: Goals set at start of new FY (July 1) to guide year-long evaluation.

Full Board

ANNUAL

Cost Allocation Methodology – annual review

Approve cost allocation methodology across all 29 client funds

Q1: New FY cost allocations effective July 1; BFC recommends.

Full Board

ANNUAL

Risk Management Framework – annual review

Approve updated enterprise risk management (ERM) framework

Q1: Framework refreshed at FY start; ARCC recommends to Board.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Performance & Evaluation Measures – annual review

Confirm or adjust evaluation methodologies and performance attribution

Q1: Confirmed at start of new FY.

Investment

ANNUAL

Underperformance Thresholds & Watch Lists – annual reset

Approve updated thresholds; confirm or update manager watch list

Q1: Reset at FY open; triggers escalation to SIB when breached.

Investment

EVERY 5 YEARS

Liquidity Framework – 5-year review

Recommend updated liquidity framework and minimum liquidity requirements

Q1 of Y2 in cycle; covers all client funds' differing liquidity profiles.

Investment

EVERY 5 YEARS

Rebalancing Policy – 5-year review

Recommend updated rebalancing policy and trigger thresholds

Q1: Effective with new FY; corridor bands and frequency.

Investment

EVERY 5 YEARS

Use of Leverage / Derivatives / Alternatives – policy review

Recommend updated policy on use of leverage, derivatives, and alternatives

IC recommends; SIB approves.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Risk Management Framework – annual review

Recommend updated ERM framework to SIB

Q1: Refreshed at FY start; includes risk appetite and escalation protocols.

Governance Policy Review

ANNUAL

Conflict of Interest Disclosures – review annual affirmations

Review trustee and staff COI affirmations; report compliance status to SIB

Q1: Annual affirmation at FY opening; concurrent with Board COI review.

Governance Policy Review

ANNUAL

Policy Review Schedule – update and maintain

Confirm policy review schedule and assign ownership for upcoming reviews

Q1: Set at FY opening; rolling 3-year review plan.

Governance Policy Review

EVERY 3 YEARS

Governance Policies & Code of Conduct – triennial review

Recommend updated GPS manual and Code of Conduct to SIB

Q1 of Y2/Y5 (staggered from charter review); SIB approves Q2.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Financial Policies Review – budget principles, reserves

Recommend updated Board-level financial policies to SIB

Q1: Refreshed at FY start; GPS p. 55.

Q2 · OCT–DEC

Full Board

EVERY 3 YEARS

Governance Policies & Code of Conduct – triennial review

Approve updated Governance Policy System manual and Code of Conduct

Staggered from charter review by one cycle; Q2 of Y2/Y5.

Full Board

EVERY 5 YEARS

Use of Leverage / Derivatives / Alternatives – policy review

Approve or reaffirm policy on leverage, derivatives, and alternative investments

5-year fundamental risk policy item.

Full Board

ANNUAL

Internal Audit Findings – annual summary

Receive and act on material audit findings; approve corrective action plans

Q2 (Oct-Dec): Year-end audit concludes summer; results presented fall.

Full Board

ANNUAL

Certification of Compliance with Statutory Duties

Receive annual compliance certification from management

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Full Board

ANNUAL

Financial Statements – annual review and release approval

Approve release of annual financial statements to SIB and public

Q2: Audit of prior FY (ended June 30) typically complete by Oct-Dec.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Long-Term Funding Status – actuarial update (TFFR, PERS)

Receive funded status report; identify implications for asset allocation

Q2 (Oct-Dec): Actuarial valuations as of June 30 typically complete by fall.

Investment

ANNUAL

Stress Testing & Scenario Framework – annual update

Approve stress test scenarios for the coming year

Q2 (Oct-Dec): Based on updated economic outlook after FY close.

Investment

EVERY 5 YEARS

Concentration Limits – 5-year review

Recommend updated concentration limits by asset class and manager

Q2: Single-manager and single-security limits.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Internal Audit Findings – annual report

Receive annual audit results; escalate significant findings to SIB

Q2 (Oct-Dec): Audit of FY ended June 30 typically complete by fall.

Audit Risk and Compliance

ANNUAL

Director of Audit Annual Attestation – independence affirmation

Receive written attestation from the Director of Audit that no undue influence has been exerted

Q2: Concurrent with annual audit findings report; GPS p. 46.

Audit Risk and Compliance

ANNUAL

Financial Statements – pre-release review with auditors

Receive financial statements; confirm accuracy and approve release

Q2 (Oct-Dec): FY-end audit complete; ARCC reviews before public release.

Audit Risk and Compliance

ANNUAL

Certification of Compliance with Statutory Duties

Receive management certification; report status to SIB

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Audit Risk and Compliance

ANNUAL

ARCC Annual Written Report to SIB

Approve and submit annual ARCC report describing responsibilities and activities

Q2: Describes prior FY activities; GPS p. 42.

Executive Review and Compensation

ANNUAL

Long-Term Incentive Plan (LTIP) – annual review and payouts

Recommend LTIP structure and authorize prior-year payouts to SIB

Q2 (Oct-Dec): 3-year rolling performance periods; payout after FY close.

Executive Review and Compensation

ANNUAL

Policy Adherence Summary & Surveys – annual report

Present survey results and policy adherence summary to SIB and TFFR Board

Q2: CLO/third party prepares; covers SIB client and RIO team surveys after FY close.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Multi-Year Financial Outlook – forward implications review

Present 3-year financial projections to SIB; identify funding risks

Q2 (Oct-Dec): After FY close; forward view covering staffing, technology, vendors.

Full Board

ANNUAL

Annual Board Self-Assessment – administer and report results

Receive GPRC self-assessment report; approve improvement priorities

Q3 (Jan-Mar): Mid-year assessment allows improvements before FY close.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Governance Policy Review

ANNUAL

Board & Committee Self-Assessment – administer and report

Report self-assessment results and recommend improvement priorities to SIB

Q3 (Jan-Mar): Mid-FY assessment allows improvements before year-end.

Governance Policy Review

ANNUAL

Governance Risk & Alignment Report

Report material governance risks and recommended actions to SIB

Q3 (Jan-Mar): Mid-year report; includes statutory and regulatory monitoring.

Executive Review and Compensation

ANNUAL

RIO Compensation Policy – annual review and recommendation

Recommend compensation policy updates to SIB; confirm market competitiveness

Q3 (Jan-Mar): Informs Q4 ICP recommendation and budget planning.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Q4 · APR–JUN

Full Board

ANNUAL

Executive Director Performance Evaluation – annual

Approve annual performance evaluation of the Executive Director

MUST be approved by June 30 (end of Q4). ERCC leads formal evaluation.

Full Board

ANNUAL

Executive Director Compensation Recommendation

Approve Executive Director compensation for coming year

By June 30 (end of Q4); effective July 1 new fiscal year.

Full Board

ANNUAL

Incentive Compensation Plan – annual review and approval

Approve annual incentive compensation plan and ICM for all covered staff

Approved Q4 (Apr-Jun) to take effect July 1. ICM verified by independent consultant.

Full Board

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based internal audit work plan for the fiscal year

Q4 (Apr-Jun): Plan approved before fiscal year start (July 1); ARCC approves.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Benchmark Review – recommend to SIB

Recommend annual benchmarks to SIB for approval

Q4 (Apr-Jun): Consultant verifies; SIB approves; effective July 1.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based audit work plan and use of any third-party support

Q4 (Apr-Jun): Approved before July 1 start of new FY. Only item ARCC explicitly approves.

Audit Risk and Compliance

ANNUAL

External Audit – scope and approach review

Review external auditor's proposed scope; coordinate with internal audit

Q4 (Apr-Jun): Scope agreed before June 30 FY end for timely audit commencement.

Governance Policy Review

ANNUAL

Annual Governance Calendar – review and recommend

Recommend annual calendar of Board and Committee decisions to SIB

Q4 (Apr-Jun): Prepared for SIB approval at Q1 organizational meeting.

Executive Review and Compensation

ANNUAL

Executive Director Performance Goals – set for coming FY

Recommend ED performance goals to SIB for approval before fiscal year start

Q4 (Apr-Jun): Goals set before July 1 so they govern the entire new FY.

Executive Review and Compensation

ANNUAL

Executive Director Performance Evaluation – formal annual review

Recommend approval of formal ED evaluation to SIB (by June 30)

MUST be completed Q4 by June 30 (GPS p. 52). CLO/third party leads.

Executive Review and Compensation

ANNUAL

Executive Director Compensation Recommendation

Recommend ED compensation to SIB for approval (by June 30)

Q4: Based on evaluation; new compensation effective July 1.

Executive Review and Compensation

ANNUAL

Incentive Compensation Plan (ICP) – annual review and recommendation

Recommend annual ICP, ICM, and maximum incentive levels to SIB

Q4 (Apr-Jun): SIB approves before July 1; ICM verified by independent consultant.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Cost Allocation Methodology – annual review

Recommend updated cost allocation methodology across 29 client funds to SIB

Q4 (Apr-Jun): Approved before July 1; effective for new FY.

Year 3 of the 5-Year Cycle

Q1 · JUL–SEP

Full Board

ANNUAL

Election of Board Officers (Chair, Vice Chair)

Elect Chair and Vice Chair for the coming year

First meeting after July 1 each year (NDCC 21-10-04). Q1 = fiscal year opening.

Full Board

ANNUAL

Annual Governance Calendar – review and approve

Approve calendar of Board and Committee meetings and decision schedule

Set at annual organizational meeting (Q1, first meeting of new FY).

Full Board

ANNUAL

Conflict of Interest Determinations – annual review

Receive and act on annual COI disclosures; approve any determinations

Annual affirmation from all trustees and staff at FY opening (Q1).

Full Board

ANNUAL

Investment Policy Statement – approval of annual benchmarks

Approve annual benchmark recommendations from IC and independent consultant

Q1: New FY benchmarks in effect July 1; IC recommends, consultant verifies.

Full Board

ANNUAL

Executive Director Performance Goals – set for coming FY

Approve ED performance goals for the upcoming fiscal year

Q1: Goals set at start of new FY (July 1) to guide year-long evaluation.

Full Board

ANNUAL

Cost Allocation Methodology – annual review

Approve cost allocation methodology across all 29 client funds

Q1: New FY cost allocations effective July 1; BFC recommends.

Full Board

ANNUAL

Risk Management Framework – annual review

Approve updated enterprise risk management (ERM) framework

Q1: Framework refreshed at FY start; ARCC recommends to Board.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Performance & Evaluation Measures – annual review

Confirm or adjust evaluation methodologies and performance attribution

Q1: Confirmed at start of new FY.

Investment

ANNUAL

Underperformance Thresholds & Watch Lists – annual reset

Approve updated thresholds; confirm or update manager watch list

Q1: Reset at FY open; triggers escalation to SIB when breached.

Investment

EVERY 5 YEARS

Manager Hiring and Termination Criteria – 5-year review

Recommend updated manager evaluation criteria and termination thresholds

Q1: Covers both internal and external managers.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Risk Management Framework – annual review

Recommend updated ERM framework to SIB

Q1: Refreshed at FY start; includes risk appetite and escalation protocols.

Governance Policy Review

ANNUAL

Conflict of Interest Disclosures – review annual affirmations

Review trustee and staff COI affirmations; report compliance status to SIB

Q1: Annual affirmation at FY opening; concurrent with Board COI review.

Governance Policy Review

ANNUAL

Policy Review Schedule – update and maintain

Confirm policy review schedule and assign ownership for upcoming reviews

Q1: Set at FY opening; rolling 3-year review plan.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Financial Policies Review – budget principles, reserves

Recommend updated Board-level financial policies to SIB

Q1: Refreshed at FY start; GPS p. 55.

Full Board

EVERY 5 YEARS

Hiring / Termination of Custodian & Master Service Providers

Approve engagement or termination of custodian and master service providers

5-year RFP cycle; IC recommends; event-driven otherwise.

Full Board

BIENNIAL

Annual Operating Budget – biennial approval for Legislature

Approve biennial operating budget for submission to ND Legislature

Q2 (Oct-Dec): ND Legislature convenes odd-year Jan sessions; budget submitted fall.

Full Board

BIENNIAL

Staffing Levels & Key Positions – biennial approval

Approve staffing plan and key positions for legislative submission

Submitted with biennial budget request Q2; aligned with legislative calendar.

Full Board

ANNUAL

Internal Audit Findings – annual summary

Receive and act on material audit findings; approve corrective action plans

Q2 (Oct-Dec): Year-end audit concludes summer; results presented fall.

Full Board

ANNUAL

Certification of Compliance with Statutory Duties

Receive annual compliance certification from management

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Full Board

ANNUAL

Financial Statements – annual review and release approval

Approve release of annual financial statements to SIB and public

Q2: Audit of prior FY (ended June 30) typically complete by Oct-Dec.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Long-Term Funding Status – actuarial update (TFFR, PERS)

Receive funded status report; identify implications for asset allocation

Q2 (Oct-Dec): Actuarial valuations as of June 30 typically complete by fall.

Investment

ANNUAL

Stress Testing & Scenario Framework – annual update

Approve stress test scenarios for the coming year

Q2 (Oct-Dec): Based on updated economic outlook after FY close.

Investment

EVERY 5 YEARS

Performance & Evaluation Framework – 5-year comprehensive review

Recommend updated performance evaluation framework to SIB

Q2: Attribution, peer comparison, and reporting standards.

Investment

EVERY 5 YEARS

Hiring / Termination of Custodian & Master Service Providers

Recommend custodian and master service provider engagement/termination to SIB

Full RFP every 5 years; Q2 allows summer evaluation.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Internal Audit Findings – annual report

Receive annual audit results; escalate significant findings to SIB

Q2 (Oct-Dec): Audit of FY ended June 30 typically complete by fall.

Audit Risk and Compliance

ANNUAL

Director of Audit Annual Attestation – independence affirmation

Receive written attestation from the Director of Audit that no undue influence has been exerted

Q2: Concurrent with annual audit findings report; GPS p. 46.

Audit Risk and Compliance

ANNUAL

Financial Statements – pre-release review with auditors

Receive financial statements; confirm accuracy and approve release

Q2 (Oct-Dec): FY-end audit complete; ARCC reviews before public release.

Audit Risk and Compliance

ANNUAL

Certification of Compliance with Statutory Duties

Receive management certification; report status to SIB

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Audit Risk and Compliance

ANNUAL

ARCC Annual Written Report to SIB

Approve and submit annual ARCC report describing responsibilities and activities

Q2: Describes prior FY activities; GPS p. 42.

Executive Review and Compensation

ANNUAL

Long-Term Incentive Plan (LTIP) – annual review and payouts

Recommend LTIP structure and authorize prior-year payouts to SIB

Q2 (Oct-Dec): 3-year rolling performance periods; payout after FY close.

Executive Review and Compensation

ANNUAL

Policy Adherence Summary & Surveys – annual report

Present survey results and policy adherence summary to SIB and TFFR Board

Q2: CLO/third party prepares; covers SIB client and RIO team surveys after FY close.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Multi-Year Financial Outlook – forward implications review

Present 3-year financial projections to SIB; identify funding risks

Q2 (Oct-Dec): After FY close; forward view covering staffing, technology, vendors.

Budget and Finance

BIENNIAL

Annual Operating Budget – biennial preparation for Legislature

Recommend biennial operating budget to SIB for legislative submission

Q2 (Oct-Dec): ND Legislature convenes odd-year Jan; budget submitted fall preceding session.

Budget and Finance

BIENNIAL

Staffing Levels & Key Positions – biennial recommendation

Recommend staffing plan to SIB for legislative submission

Q2: Coordinates with ERCC on compensation sustainability; submitted with budget.

Q3 · JAN–MAR

Full Board

ANNUAL

Annual Board Self-Assessment – administer and report results

Receive GPRC self-assessment report; approve improvement priorities

Q3 (Jan-Mar): Mid-year assessment allows improvements before FY close.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Governance Policy Review

ANNUAL

Board & Committee Self-Assessment – administer and report

Report self-assessment results and recommend improvement priorities to SIB

Q3 (Jan-Mar): Mid-FY assessment allows improvements before year-end.

Governance Policy Review

ANNUAL

Governance Risk & Alignment Report

Report material governance risks and recommended actions to SIB

Q3 (Jan-Mar): Mid-year report; includes statutory and regulatory monitoring.

Executive Review and Compensation

ANNUAL

RIO Compensation Policy – annual review and recommendation

Recommend compensation policy updates to SIB; confirm market competitiveness

Q3 (Jan-Mar): Informs Q4 ICP recommendation and budget planning.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Q4 · APR–JUN

Full Board

ANNUAL

Executive Director Performance Evaluation – annual

Approve annual performance evaluation of the Executive Director

MUST be approved by June 30 (end of Q4). ERCC leads formal evaluation.

Full Board

ANNUAL

Executive Director Compensation Recommendation

Approve Executive Director compensation for coming year

By June 30 (end of Q4); effective July 1 new fiscal year.

Full Board

ANNUAL

Incentive Compensation Plan – annual review and approval

Approve annual incentive compensation plan and ICM for all covered staff

Approved Q4 (Apr-Jun) to take effect July 1. ICM verified by independent consultant.

Full Board

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based internal audit work plan for the fiscal year

Q4 (Apr-Jun): Plan approved before fiscal year start (July 1); ARCC approves.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Benchmark Review – recommend to SIB

Recommend annual benchmarks to SIB for approval

Q4 (Apr-Jun): Consultant verifies; SIB approves; effective July 1.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based audit work plan and use of any third-party support

Q4 (Apr-Jun): Approved before July 1 start of new FY. Only item ARCC explicitly approves.

Audit Risk and Compliance

ANNUAL

External Audit – scope and approach review

Review external auditor's proposed scope; coordinate with internal audit

Q4 (Apr-Jun): Scope agreed before June 30 FY end for timely audit commencement.

Governance Policy Review

ANNUAL

Annual Governance Calendar – review and recommend

Recommend annual calendar of Board and Committee decisions to SIB

Q4 (Apr-Jun): Prepared for SIB approval at Q1 organizational meeting.

Executive Review and Compensation

ANNUAL

Executive Director Performance Goals – set for coming FY

Recommend ED performance goals to SIB for approval before fiscal year start

Q4 (Apr-Jun): Goals set before July 1 so they govern the entire new FY.

Executive Review and Compensation

ANNUAL

Executive Director Performance Evaluation – formal annual review

Recommend approval of formal ED evaluation to SIB (by June 30)

MUST be completed Q4 by June 30 (GPS p. 52). CLO/third party leads.

Executive Review and Compensation

ANNUAL

Executive Director Compensation Recommendation

Recommend ED compensation to SIB for approval (by June 30)

Q4: Based on evaluation; new compensation effective July 1.

Executive Review and Compensation

ANNUAL

Incentive Compensation Plan (ICP) – annual review and recommendation

Recommend annual ICP, ICM, and maximum incentive levels to SIB

Q4 (Apr-Jun): SIB approves before July 1; ICM verified by independent consultant.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Cost Allocation Methodology – annual review

Recommend updated cost allocation methodology across 29 client funds to SIB

Q4 (Apr-Jun): Approved before July 1; effective for new FY.

Year 4 of the 5-Year Cycle

Q1 · JUL–SEP

Full Board

ANNUAL

Election of Board Officers (Chair, Vice Chair)

Elect Chair and Vice Chair for the coming year

First meeting after July 1 each year (NDCC 21-10-04). Q1 = fiscal year opening.

Full Board

ANNUAL

Annual Governance Calendar – review and approve

Approve calendar of Board and Committee meetings and decision schedule

Set at annual organizational meeting (Q1, first meeting of new FY).

Full Board

ANNUAL

Conflict of Interest Determinations – annual review

Receive and act on annual COI disclosures; approve any determinations

Annual affirmation from all trustees and staff at FY opening (Q1).

Full Board

ANNUAL

Investment Policy Statement – approval of annual benchmarks

Approve annual benchmark recommendations from IC and independent consultant

Q1: New FY benchmarks in effect July 1; IC recommends, consultant verifies.

Full Board

ANNUAL

Executive Director Performance Goals – set for coming FY

Approve ED performance goals for the upcoming fiscal year

Q1: Goals set at start of new FY (July 1) to guide year-long evaluation.

Full Board

ANNUAL

Cost Allocation Methodology – annual review

Approve cost allocation methodology across all 29 client funds

Q1: New FY cost allocations effective July 1; BFC recommends.

Full Board

ANNUAL

Risk Management Framework – annual review

Approve updated enterprise risk management (ERM) framework

Q1: Framework refreshed at FY start; ARCC recommends to Board.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Performance & Evaluation Measures – annual review

Confirm or adjust evaluation methodologies and performance attribution

Q1: Confirmed at start of new FY.

Investment

ANNUAL

Underperformance Thresholds & Watch Lists – annual reset

Approve updated thresholds; confirm or update manager watch list

Q1: Reset at FY open; triggers escalation to SIB when breached.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Risk Management Framework – annual review

Recommend updated ERM framework to SIB

Q1: Refreshed at FY start; includes risk appetite and escalation protocols.

Governance Policy Review

ANNUAL

Conflict of Interest Disclosures – review annual affirmations

Review trustee and staff COI affirmations; report compliance status to SIB

Q1: Annual affirmation at FY opening; concurrent with Board COI review.

Governance Policy Review

ANNUAL

Policy Review Schedule – update and maintain

Confirm policy review schedule and assign ownership for upcoming reviews

Q1: Set at FY opening; rolling 3-year review plan.

Governance Policy Review

EVERY 3 YEARS

Committee Charters – triennial review

Recommend updated Committee Charters to SIB

Q1: Review during summer/fall; SIB acts Q2.

Governance Policy Review

EVERY 3 YEARS

Delegation of Authority – triennial review

Recommend updated Delegation of Authority to SIB

Q1: Reviewed with charters; SIB approves Q2.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Financial Policies Review – budget principles, reserves

Recommend updated Board-level financial policies to SIB

Q1: Refreshed at FY start; GPS p. 55.

Q2 · OCT–DEC

Full Board

EVERY 3 YEARS

Delegation of Authority – full triennial review

Approve Delegation of Authority to Executive Director and Committees

Q2 (Oct-Dec): GPRC completes summer review; Board acts in fall.

Full Board

EVERY 3 YEARS

Delegation of Authority Matrix – full triennial review

Approve updated Delegation of Authority Matrix

Reviewed jointly with Delegation of Authority; Q2.

Full Board

EVERY 3 YEARS

Committee Charters – triennial review and update

Approve revised Committee Charters (all 5 committees)

GPRC leads summer review; Board approves Q2 (Oct-Dec).

Full Board

EVERY 3 YEARS

Policy Review Schedule – approve triennial review plan

Approve 3-year rolling policy review schedule

Set with charter and delegation reviews each triennial cycle.

Full Board

ANNUAL

Internal Audit Findings – annual summary

Receive and act on material audit findings; approve corrective action plans

Q2 (Oct-Dec): Year-end audit concludes summer; results presented fall.

Full Board

ANNUAL

Certification of Compliance with Statutory Duties

Receive annual compliance certification from management

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Full Board

ANNUAL

Financial Statements – annual review and release approval

Approve release of annual financial statements to SIB and public

Q2: Audit of prior FY (ended June 30) typically complete by Oct-Dec.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Long-Term Funding Status – actuarial update (TFFR, PERS)

Receive funded status report; identify implications for asset allocation

Q2 (Oct-Dec): Actuarial valuations as of June 30 typically complete by fall.

Investment

ANNUAL

Stress Testing & Scenario Framework – annual update

Approve stress test scenarios for the coming year

Q2 (Oct-Dec): Based on updated economic outlook after FY close.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Internal Audit Findings – annual report

Receive annual audit results; escalate significant findings to SIB

Q2 (Oct-Dec): Audit of FY ended June 30 typically complete by fall.

Audit Risk and Compliance

ANNUAL

Director of Audit Annual Attestation – independence affirmation

Receive written attestation from the Director of Audit that no undue influence has been exerted

Q2: Concurrent with annual audit findings report; GPS p. 46.

Audit Risk and Compliance

ANNUAL

Financial Statements – pre-release review with auditors

Receive financial statements; confirm accuracy and approve release

Q2 (Oct-Dec): FY-end audit complete; ARCC reviews before public release.

Audit Risk and Compliance

ANNUAL

Certification of Compliance with Statutory Duties

Receive management certification; report status to SIB

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Audit Risk and Compliance

ANNUAL

ARCC Annual Written Report to SIB

Approve and submit annual ARCC report describing responsibilities and activities

Q2: Describes prior FY activities; GPS p. 42.

Governance Policy Review

EVERY 3 YEARS

Governance Policy Review Cycle – confirm cadence

Confirm review cadence remains appropriate; recommend changes if warranted

Q2: Annual review does not imply annual revision; GPS p. 49.

Executive Review and Compensation

ANNUAL

Long-Term Incentive Plan (LTIP) – annual review and payouts

Recommend LTIP structure and authorize prior-year payouts to SIB

Q2 (Oct-Dec): 3-year rolling performance periods; payout after FY close.

Executive Review and Compensation

ANNUAL

Policy Adherence Summary & Surveys – annual report

Present survey results and policy adherence summary to SIB and TFFR Board

Q2: CLO/third party prepares; covers SIB client and RIO team surveys after FY close.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Multi-Year Financial Outlook – forward implications review

Present 3-year financial projections to SIB; identify funding risks

Q2 (Oct-Dec): After FY close; forward view covering staffing, technology, vendors.

Q3 · JAN–MAR

Full Board

EVERY 3 YEARS

Executive Succession Plan – triennial review

Approve updated succession framework for ED, CIO, and CFO

Q3: Allows time to integrate with annual comp/evaluation cycle in Q4.

Full Board

ANNUAL

Annual Board Self-Assessment – administer and report results

Receive GPRC self-assessment report; approve improvement priorities

Q3 (Jan-Mar): Mid-year assessment allows improvements before FY close.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Governance Policy Review

ANNUAL

Board & Committee Self-Assessment – administer and report

Report self-assessment results and recommend improvement priorities to SIB

Q3 (Jan-Mar): Mid-FY assessment allows improvements before year-end.

Governance Policy Review

ANNUAL

Governance Risk & Alignment Report

Report material governance risks and recommended actions to SIB

Q3 (Jan-Mar): Mid-year report; includes statutory and regulatory monitoring.

Executive Review and Compensation

ANNUAL

RIO Compensation Policy – annual review and recommendation

Recommend compensation policy updates to SIB; confirm market competitiveness

Q3 (Jan-Mar): Informs Q4 ICP recommendation and budget planning.

Executive Review and Compensation

EVERY 3 YEARS

Executive Succession Plan – triennial review

Recommend updated succession framework for ED, CIO, CFO to SIB

Q3: Allows integration with Q4 compensation and goals cycle.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Q4 · APR–JUN

Full Board

ANNUAL

Executive Director Performance Evaluation – annual

Approve annual performance evaluation of the Executive Director

MUST be approved by June 30 (end of Q4). ERCC leads formal evaluation.

Full Board

ANNUAL

Executive Director Compensation Recommendation

Approve Executive Director compensation for coming year

By June 30 (end of Q4); effective July 1 new fiscal year.

Full Board

ANNUAL

Incentive Compensation Plan – annual review and approval

Approve annual incentive compensation plan and ICM for all covered staff

Approved Q4 (Apr-Jun) to take effect July 1. ICM verified by independent consultant.

Full Board

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based internal audit work plan for the fiscal year

Q4 (Apr-Jun): Plan approved before fiscal year start (July 1); ARCC approves.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Benchmark Review – recommend to SIB

Recommend annual benchmarks to SIB for approval

Q4 (Apr-Jun): Consultant verifies; SIB approves; effective July 1.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based audit work plan and use of any third-party support

Q4 (Apr-Jun): Approved before July 1 start of new FY. Only item ARCC explicitly approves.

Audit Risk and Compliance

ANNUAL

External Audit – scope and approach review

Review external auditor's proposed scope; coordinate with internal audit

Q4 (Apr-Jun): Scope agreed before June 30 FY end for timely audit commencement.

Governance Policy Review

ANNUAL

Annual Governance Calendar – review and recommend

Recommend annual calendar of Board and Committee decisions to SIB

Q4 (Apr-Jun): Prepared for SIB approval at Q1 organizational meeting.

Executive Review and Compensation

ANNUAL

Executive Director Performance Goals – set for coming FY

Recommend ED performance goals to SIB for approval before fiscal year start

Q4 (Apr-Jun): Goals set before July 1 so they govern the entire new FY.

Executive Review and Compensation

ANNUAL

Executive Director Performance Evaluation – formal annual review

Recommend approval of formal ED evaluation to SIB (by June 30)

MUST be completed Q4 by June 30 (GPS p. 52). CLO/third party leads.

Executive Review and Compensation

ANNUAL

Executive Director Compensation Recommendation

Recommend ED compensation to SIB for approval (by June 30)

Q4: Based on evaluation; new compensation effective July 1.

Executive Review and Compensation

ANNUAL

Incentive Compensation Plan (ICP) – annual review and recommendation

Recommend annual ICP, ICM, and maximum incentive levels to SIB

Q4 (Apr-Jun): SIB approves before July 1; ICM verified by independent consultant.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Cost Allocation Methodology – annual review

Recommend updated cost allocation methodology across 29 client funds to SIB

Q4 (Apr-Jun): Approved before July 1; effective for new FY.

Year 5 of the 5-Year Cycle

Q1 · JUL–SEP

Full Board

ANNUAL

Election of Board Officers (Chair, Vice Chair)

Elect Chair and Vice Chair for the coming year

First meeting after July 1 each year (NDCC 21-10-04). Q1 = fiscal year opening.

Full Board

ANNUAL

Annual Governance Calendar – review and approve

Approve calendar of Board and Committee meetings and decision schedule

Set at annual organizational meeting (Q1, first meeting of new FY).

Full Board

ANNUAL

Conflict of Interest Determinations – annual review

Receive and act on annual COI disclosures; approve any determinations

Annual affirmation from all trustees and staff at FY opening (Q1).

Full Board

EVERY 5 YEARS

Election of Officers Process – 5-year formal reaffirmation

Reaffirm officer election process and succession protocol

5-year structural review; at FY opening.

Full Board

ANNUAL

Investment Policy Statement – approval of annual benchmarks

Approve annual benchmark recommendations from IC and independent consultant

Q1: New FY benchmarks in effect July 1; IC recommends, consultant verifies.

Full Board

ANNUAL

Executive Director Performance Goals – set for coming FY

Approve ED performance goals for the upcoming fiscal year

Q1: Goals set at start of new FY (July 1) to guide year-long evaluation.

Full Board

ANNUAL

Cost Allocation Methodology – annual review

Approve cost allocation methodology across all 29 client funds

Q1: New FY cost allocations effective July 1; BFC recommends.

Full Board

ANNUAL

Risk Management Framework – annual review

Approve updated enterprise risk management (ERM) framework

Q1: Framework refreshed at FY start; ARCC recommends to Board.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Performance & Evaluation Measures – annual review

Confirm or adjust evaluation methodologies and performance attribution

Q1: Confirmed at start of new FY.

Investment

ANNUAL

Underperformance Thresholds & Watch Lists – annual reset

Approve updated thresholds; confirm or update manager watch list

Q1: Reset at FY open; triggers escalation to SIB when breached.

Investment

EVERY 5 YEARS

Investment Beliefs – full review and reaffirmation

Recommend affirmed or revised Investment Beliefs to SIB

Q1 of 5-year cycle; foundational; SIB approves Q2.

Investment

EVERY 5 YEARS

Liquidity Framework – 5-year review

Recommend updated liquidity framework and minimum liquidity requirements

Q1 of Y2 in cycle; covers all client funds' differing liquidity profiles.

Investment

EVERY 5 YEARS

Rebalancing Policy – 5-year review

Recommend updated rebalancing policy and trigger thresholds

Q1: Effective with new FY; corridor bands and frequency.

Investment

EVERY 5 YEARS

Use of Leverage / Derivatives / Alternatives – policy review

Recommend updated policy on use of leverage, derivatives, and alternatives

IC recommends; SIB approves.

Investment

EVERY 5 YEARS

Manager Hiring and Termination Criteria – 5-year review

Recommend updated manager evaluation criteria and termination thresholds

Q1: Covers both internal and external managers.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Risk Management Framework – annual review

Recommend updated ERM framework to SIB

Q1: Refreshed at FY start; includes risk appetite and escalation protocols.

Governance Policy Review

ANNUAL

Conflict of Interest Disclosures – review annual affirmations

Review trustee and staff COI affirmations; report compliance status to SIB

Q1: Annual affirmation at FY opening; concurrent with Board COI review.

Governance Policy Review

ANNUAL

Policy Review Schedule – update and maintain

Confirm policy review schedule and assign ownership for upcoming reviews

Q1: Set at FY opening; rolling 3-year review plan.

Governance Policy Review

EVERY 3 YEARS

Governance Policies & Code of Conduct – triennial review

Recommend updated GPS manual and Code of Conduct to SIB

Q1 of Y2/Y5 (staggered from charter review); SIB approves Q2.

Governance Policy Review

EVERY 5 YEARS

Hiring / Termination of Fiduciary Advisors

Recommend engagement or termination of governance/legal advisors to SIB

Q1: 5-year RFP cycle; event-driven otherwise.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Financial Policies Review – budget principles, reserves

Recommend updated Board-level financial policies to SIB

Q1: Refreshed at FY start; GPS p. 55.

Full Board

EVERY 3 YEARS

Governance Policies & Code of Conduct – triennial review

Approve updated Governance Policy System manual and Code of Conduct

Staggered from charter review by one cycle; Q2 of Y2/Y5.

Full Board

EVERY 5 YEARS

Hiring / Termination of Governance and Fiduciary Advisors

Approve engagement or termination of governance and fiduciary advisors

5-year RFP review; Q2 to allow summer evaluation period.

Full Board

EVERY 5 YEARS

Investment Beliefs – 5-year reaffirmation

Affirm or revise Board's investment beliefs statement

Q2: Foundational review early in 5-year cycle; IC recommends.

Full Board

EVERY 5 YEARS

Use of Leverage / Derivatives / Alternatives – policy review

Approve or reaffirm policy on leverage, derivatives, and alternative investments

5-year fundamental risk policy item.

Full Board

BIENNIAL

Annual Operating Budget – biennial approval for Legislature

Approve biennial operating budget for submission to ND Legislature

Q2 (Oct-Dec): ND Legislature convenes odd-year Jan sessions; budget submitted fall.

Full Board

BIENNIAL

Staffing Levels & Key Positions – biennial approval

Approve staffing plan and key positions for legislative submission

Submitted with biennial budget request Q2; aligned with legislative calendar.

Full Board

ANNUAL

Internal Audit Findings – annual summary

Receive and act on material audit findings; approve corrective action plans

Q2 (Oct-Dec): Year-end audit concludes summer; results presented fall.

Full Board

ANNUAL

Certification of Compliance with Statutory Duties

Receive annual compliance certification from management

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Full Board

ANNUAL

Financial Statements – annual review and release approval

Approve release of annual financial statements to SIB and public

Q2: Audit of prior FY (ended June 30) typically complete by Oct-Dec.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Long-Term Funding Status – actuarial update (TFFR, PERS)

Receive funded status report; identify implications for asset allocation

Q2 (Oct-Dec): Actuarial valuations as of June 30 typically complete by fall.

Investment

ANNUAL

Stress Testing & Scenario Framework – annual update

Approve stress test scenarios for the coming year

Q2 (Oct-Dec): Based on updated economic outlook after FY close.

Investment

EVERY 4 YEARS

Asset Allocation Policy – full review

Recommend updated Asset Allocation Policy to SIB for approval

Q2: Deep liability and peer review in fall; SIB acts Q3.

Investment

EVERY 5 YEARS

Long-term Objectives & Risk Appetite – 5-year review

Recommend updated long-term objectives and risk appetite to SIB

Q2: Follows investment beliefs; drives SAA and active risk for cycle.

Investment

EVERY 5 YEARS

Concentration Limits – 5-year review

Recommend updated concentration limits by asset class and manager

Q2: Single-manager and single-security limits.

Investment

EVERY 5 YEARS

Performance & Evaluation Framework – 5-year comprehensive review

Recommend updated performance evaluation framework to SIB

Q2: Attribution, peer comparison, and reporting standards.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Internal Audit Findings – annual report

Receive annual audit results; escalate significant findings to SIB

Q2 (Oct-Dec): Audit of FY ended June 30 typically complete by fall.

Audit Risk and Compliance

ANNUAL

Director of Audit Annual Attestation – independence affirmation

Receive written attestation from the Director of Audit that no undue influence has been exerted

Q2: Concurrent with annual audit findings report; GPS p. 46.

Audit Risk and Compliance

ANNUAL

Financial Statements – pre-release review with auditors

Receive financial statements; confirm accuracy and approve release

Q2 (Oct-Dec): FY-end audit complete; ARCC reviews before public release.

Audit Risk and Compliance

ANNUAL

Certification of Compliance with Statutory Duties

Receive management certification; report status to SIB

Q2: ED certifies compliance for prior FY (ended June 30); ARCC verifies.

Audit Risk and Compliance

ANNUAL

ARCC Annual Written Report to SIB

Approve and submit annual ARCC report describing responsibilities and activities

Q2: Describes prior FY activities; GPS p. 42.

Executive Review and Compensation

ANNUAL

Long-Term Incentive Plan (LTIP) – annual review and payouts

Recommend LTIP structure and authorize prior-year payouts to SIB

Q2 (Oct-Dec): 3-year rolling performance periods; payout after FY close.

Executive Review and Compensation

ANNUAL

Policy Adherence Summary & Surveys – annual report

Present survey results and policy adherence summary to SIB and TFFR Board

Q2: CLO/third party prepares; covers SIB client and RIO team surveys after FY close.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Multi-Year Financial Outlook – forward implications review

Present 3-year financial projections to SIB; identify funding risks

Q2 (Oct-Dec): After FY close; forward view covering staffing, technology, vendors.

Budget and Finance

BIENNIAL

Annual Operating Budget – biennial preparation for Legislature

Recommend biennial operating budget to SIB for legislative submission

Q2 (Oct-Dec): ND Legislature convenes odd-year Jan; budget submitted fall preceding session.

Budget and Finance

BIENNIAL

Staffing Levels & Key Positions – biennial recommendation

Recommend staffing plan to SIB for legislative submission

Q2: Coordinates with ERCC on compensation sustainability; submitted with budget.

Q3 · JAN–MAR

Full Board

EVERY 4 YEARS

Asset Allocation Policy – 4-year formal review

Approve updated Asset Allocation Policy for all client funds

Q3 (Jan-Mar): Deep review during legislative session off-season; IC recommends.

Full Board

EVERY 5 YEARS

Long-term Objectives & Risk Appetite – 5-year review

Approve long-term return objectives and total fund risk appetite

Q3: Follows investment beliefs; drives SAA and active risk for cycle.

Full Board

ANNUAL

Annual Board Self-Assessment – administer and report results

Receive GPRC self-assessment report; approve improvement priorities

Q3 (Jan-Mar): Mid-year assessment allows improvements before FY close.

Full Board

EVERY 5 YEARS

Governance Effectiveness Review – external peer review

Commission and receive results of independent governance review

Every 5 years; Q3 allows board to act on findings before cycle renewal.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

EVERY 4 YEARS

Strategic Asset Allocation Targets – full review

Recommend updated SAA targets for each client fund to SIB

Q3: Follows Asset Allocation Policy; SIB approves Q4 for July 1 effect.

Investment

EVERY 5 YEARS

Active Risk / Tracking Error Limits – 5-year review

Recommend updated active risk limits to SIB

Q3: Follows risk appetite decision.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Governance Policy Review

ANNUAL

Board & Committee Self-Assessment – administer and report

Report self-assessment results and recommend improvement priorities to SIB

Q3 (Jan-Mar): Mid-FY assessment allows improvements before year-end.

Governance Policy Review

ANNUAL

Governance Risk & Alignment Report

Report material governance risks and recommended actions to SIB

Q3 (Jan-Mar): Mid-year report; includes statutory and regulatory monitoring.

Governance Policy Review

EVERY 5 YEARS

External Governance Effectiveness Review – commission

Recommend engagement of independent governance reviewer; present results to SIB

Q3: Commissioned mid-year; results allow Board to act before cycle renewal.

Executive Review and Compensation

ANNUAL

RIO Compensation Policy – annual review and recommendation

Recommend compensation policy updates to SIB; confirm market competitiveness

Q3 (Jan-Mar): Informs Q4 ICP recommendation and budget planning.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Q4 · APR–JUN

Full Board

EVERY 4 YEARS

Strategic Asset Allocation Targets – 4-year review

Approve SAA targets for Legacy Fund, PERS, TFFR, and WSI

Q4 (Apr-Jun): Follows asset allocation policy; effective July 1 new FY.

Full Board

ANNUAL

Executive Director Performance Evaluation – annual

Approve annual performance evaluation of the Executive Director

MUST be approved by June 30 (end of Q4). ERCC leads formal evaluation.

Full Board

ANNUAL

Executive Director Compensation Recommendation

Approve Executive Director compensation for coming year

By June 30 (end of Q4); effective July 1 new fiscal year.

Full Board

ANNUAL

Incentive Compensation Plan – annual review and approval

Approve annual incentive compensation plan and ICM for all covered staff

Approved Q4 (Apr-Jun) to take effect July 1. ICM verified by independent consultant.

Full Board

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based internal audit work plan for the fiscal year

Q4 (Apr-Jun): Plan approved before fiscal year start (July 1); ARCC approves.

Investment

QUARTERLY

Investment Performance Dashboard – total fund, asset class, client fund

Receive and review; escalate exceptions to SIB if thresholds breached

All 4 FY quarters; exception-based reporting for Legacy, PERS, TFFR, WSI.

Investment

QUARTERLY

Active Risk vs. Benchmark – tracking error review

Receive report; initiate corrective action if active risk exceeds approved limits

All 4 FY quarters; compared to IC-approved active risk budget.

Investment

QUARTERLY

Capital Development Pacing – private markets deployment

Receive pacing report; confirm deployment is on plan

All 4 FY quarters; annual commitment pacing tracked quarterly.

Investment

QUARTERLY

Market Stress & Liquidity Event Response – monitoring

Receive liquidity status; authorize response actions if stress event occurs

All 4 FY quarters; ongoing monitoring.

Investment

ANNUAL

Benchmark Review – recommend to SIB

Recommend annual benchmarks to SIB for approval

Q4 (Apr-Jun): Consultant verifies; SIB approves; effective July 1.

Audit Risk and Compliance

QUARTERLY

Corrective Action Plans – status update on all open audit findings

Receive progress report; escalate overdue items to SIB

All 4 FY quarters; 30-day corrective action requirement.

Audit Risk and Compliance

QUARTERLY

Enterprise Risk Report – KPRIs, material risks, emerging issues

Receive risk dashboard; escalate material exposures to Board

All 4 FY quarters; financial, operational, compliance, technology, reputational risks.

Audit Risk and Compliance

QUARTERLY

Investment & Risk Dashboards – operational risk lens

Receive operational risk indicators; note exceptions

All 4 FY quarters; distinct from IC investment risk monitoring.

Audit Risk and Compliance

QUARTERLY

Compliance Report – legal, regulatory, and ethics updates

Receive compliance status; action any compliance failures

All 4 FY quarters; Open Meetings, ethics filings, staff adherence.

Audit Risk and Compliance

ANNUAL

Annual Internal Audit Plan – approval

Approve risk-based audit work plan and use of any third-party support

Q4 (Apr-Jun): Approved before July 1 start of new FY. Only item ARCC explicitly approves.

Audit Risk and Compliance

ANNUAL

External Audit – scope and approach review

Review external auditor's proposed scope; coordinate with internal audit

Q4 (Apr-Jun): Scope agreed before June 30 FY end for timely audit commencement.

Governance Policy Review

ANNUAL

Annual Governance Calendar – review and recommend

Recommend annual calendar of Board and Committee decisions to SIB

Q4 (Apr-Jun): Prepared for SIB approval at Q1 organizational meeting.

Governance Policy Review

EVERY 5 YEARS

Election of Officers Process – 5-year reaffirmation

Recommend reaffirmation or revision of officer election process to SIB

Q4: Recommended in spring; SIB acts at Q1 organizational meeting.

Executive Review and Compensation

ANNUAL

Executive Director Performance Goals – set for coming FY

Recommend ED performance goals to SIB for approval before fiscal year start

Q4 (Apr-Jun): Goals set before July 1 so they govern the entire new FY.

Executive Review and Compensation

ANNUAL

Executive Director Performance Evaluation – formal annual review

Recommend approval of formal ED evaluation to SIB (by June 30)

MUST be completed Q4 by June 30 (GPS p. 52). CLO/third party leads.

Executive Review and Compensation

ANNUAL

Executive Director Compensation Recommendation

Recommend ED compensation to SIB for approval (by June 30)

Q4: Based on evaluation; new compensation effective July 1.

Executive Review and Compensation

ANNUAL

Incentive Compensation Plan (ICP) – annual review and recommendation

Recommend annual ICP, ICM, and maximum incentive levels to SIB

Q4 (Apr-Jun): SIB approves before July 1; ICM verified by independent consultant.

Budget and Finance

QUARTERLY

Financial Performance Report – actual vs. budget variances

Receive exception-based report; escalate material variances to SIB

All 4 FY quarters; exception-based reporting.

Budget and Finance

QUARTERLY

Resource Adequacy Monitoring – staffing, technology, vendor costs

Receive sustainability indicators; flag resource constraints to SIB

All 4 FY quarters; AUM-per-FTE benchmarking context.

Budget and Finance

QUARTERLY

Statutory & Appropriation Alignment – compliance monitoring

Confirm operations remain within legislative appropriation limits

All 4 FY quarters; line-item appropriation compliance.

Budget and Finance

ANNUAL

Cost Allocation Methodology – annual review

Recommend updated cost allocation methodology across 29 client funds to SIB

Q4 (Apr-Jun): Approved before July 1; effective for new FY.

As Needed · Event-Driven (No Fixed Quarter)

Full Board

AS NEEDED

Response to Governance Failure or Breach

Take corrective action; authorize investigation or remediation

Event-driven; GPRC refers to Board.

Full Board

AS NEEDED

Declaration of Emergency Authority

Authorize emergency governance powers or actions

Event-driven; requires Board quorum.

Full Board

AS NEEDED

Litigation Strategy & Settlement Authorization

Authorize litigation strategy or settlement

Event-driven; ED notifies Board promptly.

Full Board

AS NEEDED

Escalation of Issue to Legislature

Authorize formal communication to Legislature on material matter

Event-driven; requires Chair and ED coordination.

Investment

AS NEEDED

Manager Guideline Waiver Requests

Approve or deny waivers to investment guidelines

Emergency: IC Chair + Vice Chair + CIO/ED; ratified at next meeting.

Investment

AS NEEDED

New Investment Strategies / Instruments

Recommend new strategies, portfolios, or instruments to SIB

Presented to IC before implementation.

Audit Risk and Compliance

AS NEEDED

Special Investigations – authorize and oversee

Authorize special investigation; oversee conduct and report findings

Event-driven; ARCC may initiate independently.

Audit Risk and Compliance

AS NEEDED

External Auditor Appointment / Termination

Recommend appointment or termination of independent external auditors to SIB

Event-driven; periodic RFP or performance-based.

Audit Risk and Compliance

AS NEEDED

Significant Compliance / Ethics / Fraud Matter

Escalate material matter to SIB; authorize corrective action

Promptly escalated to ARCC Chair then full Board.

Audit Risk and Compliance

AS NEEDED

Director of Audit Hiring / Termination

Participate with ED in appointment or change of the Director of Audit

ARCC co-participates with ED; GPS p. 44.

Governance Policy Review

AS NEEDED

Exception Requests to Policy

Review policy exception requests; recommend action to SIB

Event-driven; GPRC reviews and recommends.

Governance Policy Review

AS NEEDED

Response to Governance Failure or Breach

Recommend corrective action and remediation plan to SIB

GPRC leads initial investigation; refers to full Board.

Governance Policy Review

AS NEEDED

Legal Counsel – engagement and direction

Recommend engagement and scope of legal counsel to SIB

Event-driven; coordinates with ED and Chair.

Executive Review and Compensation

AS NEEDED

Hiring / Termination of Chief Executive (Executive Director)

Recommend to SIB; manage search or separation process

Event-driven; ERCC leads with independent advisor.

Executive Review and Compensation

AS NEEDED

Engagement of Independent Third-Party Advisor

Recommend engagement of compensation/evaluation advisor to SIB

Required before formally engaging third party for annual ED review.

Budget and Finance

AS NEEDED

Capital Expenditures – continuing authority review

Recommend capital expenditure under continuing authority to SIB

Event-driven; IT systems, facility, or major contract.

Budget and Finance

AS NEEDED

Fee & Expense Policy – if off-books authority granted

Recommend fee and expense policy to SIB

Applicable only if SIB obtains off-books appropriation authority.

NORTH
Dakota Be Legendary.

State Investment Board
RETIREMENT & INVESTMENT

Governance Policy System (GPS)

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