

# Planning Only- Do Not Use

## Bank Secrecy Act

### Suspicious Activity Report

Please type or print. Always complete entire report.  
See instructions for items marked with an asterisk ( \* ).  
This report may be jointly filed (See instructions).

#### Type of Filing

\*1 Check all that apply. (See instructions for restrictions on checking multiple boxes and for joint filing).  
a.  Initial report    b.  Correct/Amend prior report    c.  Continuing activity report    d.  Joint report  
e.  Prior report document control/file number if items 1b or 1c are checked (see instructions)

#### Part I Subject Information

2 Check: a  if entity, b  if all critical\* subject information is unavail (does not include item 24).

\*3 Individual's last name or entity's legal name a. Unk  \*4 First name a. Unk  5 Middle initial

5a Gender b. Male  c. Fem.  d. Unk  6 Alternate name, e.g., AKA - individual or DBA - entity 7 Occupation or type of business 7a NAICS Code

\*8 Address a. Unk  \*9 City a. Unk  \*10 State a. Unk

\*11 ZIP/Postal Code a. Unk  \*12 Country code a. Unk  \*13 TIN a. Unk  14 TIN type a  EIN  
\*(If 13 is known) b  SSN-ITIN  
c  Foreign

\*15 Form of identification for subject: a. Unk   
b  Driver's license/state ID c  Passport d  Alien registration z  Other \_\_\_\_\_  
e Number \_\_\_\_\_ f Issuing State \_\_\_\_\_ g Country \_\_\_\_\_

\*16 Date of birth a. Unk  17 Phone number - Type 18 Phone number 18a Ext. (If any)  
MM DD YYYY a  Home b  Work  
c  Mobile d  Fax

19 E-mail address (If available) 19a Website (URL) address (If available) 20 Corroborative statement to filer?  
a  Yes b  No

21 Relationship of the subject to an institution listed in Part III or IV (check all that apply) 21a Institution TIN \_\_\_\_\_  
b  Accountant c  Agent d  Appraiser e  Attorney f  Borrower g  Customer h  Director i  Employee  
j  No relationship to institution k  Officer l  Owner or Controlling Shareholder z  Other \_\_\_\_\_

22 If item 21h, i, k, or l is checked, indicate status of relationship 23 Action date if 22 b, c, or d is checked  
a  Relationship continues b  Terminated c  Suspended /barred d  Resigned  
MM DD YYYY  
**Note: A joint SAR cannot be filed if any boxes in 22 are checked.**

\*24 Financial inst. TIN and acct. number(s) affected that are related to subject, if any. Check "Yes" if closed. a. No known acct. involved   
b. Non-US Fin. Inst.   
c. TIN \_\_\_\_\_ d. acct # \_\_\_\_\_ e. Yes  f. acct # \_\_\_\_\_ g. Yes   
h. TIN \_\_\_\_\_ i. acct # \_\_\_\_\_ j. Yes  k. acct # \_\_\_\_\_ l. Yes

25 Subject's role in suspicious activity (If applicable)

**Part II Suspicious Activity Information** \*26 Amount involved in this report a  Amt. unk. b  No amt. involved  
**See Instructions** \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ .00

\*27 Date or date range of suspicious activity for this report 28 Cumulative amount only if box 1c is checked (See instructions)  
a. From: \_\_\_/\_\_\_/\_\_\_\_ b. To: \_\_\_/\_\_\_/\_\_\_\_  
MM DD YYYY MM DD YYYY \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ .00

**When completing items 29 through 38, check all that apply.**

**29. Structuring**  
a.  Alters transaction to avoid BSA recordkeeping requirement  
b.  Alters transaction to avoid CTR requirement  
c.  Customer cancels transaction to avoid BSA reporting and recordkeeping requirements  
d.  Multiple transactions below BSA recordkeeping threshold  
e.  Multiple transactions below CTR threshold  
f.  Suspicious inquiry by customer regarding BSA reporting or recordkeeping requirements  
z.  Other: \_\_\_\_\_

**30. Terrorist Financing**  
a.  Known or suspected terrorist/terrorist organization  
z.  Other: \_\_\_\_\_

**31. Fraud (Type)**  
a.  ACH g.  Mail  
b.  Business loan h.  Mass-marketing  
c.  Check i.  Pyramid scheme  
d.  Consumer loan j.  Wire  
e.  Credit/Debit card z.  Other  
f.  Healthcare

**32. Casinos**

- a.  Inquiry about end of business day
- b.  Minimal gaming with large transactions
- c.  Suspicious intra-casino funds transfers
- d.  Suspicious use of counter checks or markers
- z.  Other: \_\_\_\_\_

**34. Identification / Documentation**

- a.  Changes spelling or arrangement of name
- b.  Multiple individuals with same or similar identities
- c.  Provided questionable or false documentation
- d.  Refused or avoided request for documentation
- e.  Single individual with multiple identities
- z.  Other: \_\_\_\_\_

**35. Other suspicious activities**

- a.  Account takeover
- b.  Bribery or gratuity
- c.  Counterfeit instruments
- d.  Elder financial exploitation
- e.  Embezzlement/theft/disappearance of funds
- f.  Forgeries
- g.  Identity theft
- h.  Little or no concern for product performance penalties, fees, or tax consequences
- i.  Misuse of "free look"/cooling-off/right of rescission
- j.  Misuse of position or self-dealing
- k.  Suspected public/private corruption (domestic)
- l.  Suspected public/private corruption (foreign)
- m.  Suspicious use of informal value transfer system
- n.  Suspicious use of multiple transaction locations
- o.  Transaction with no apparent economic, business, or lawful purpose
- p.  Two or more individuals working together
- q.  Unauthorized electronic intrusion
- r.  Unlicensed or unregistered MSB
- z.  Other \_\_\_\_\_

**33. Money laundering**

- a.  Exchanges small bills for large bills or vice versa
- b.  Suspicion concerning the physical condition of funds
- c.  Suspicion concerning the source of funds
- d.  Suspicious designation of beneficiaries, assignees or joint owners
- e.  Suspicious EFT/wire transfers
- f.  Suspicious exchange of currencies
- g.  Suspicious receipt of government payments/benefits
- h.  Suspicious use of multiple accounts
- i.  Suspicious use of noncash monetary instruments
- j.  Suspicious use of third-party transactors (straw-man)
- k.  Trade Based Money Laundering/Black Market Peso Exchange
- l.  Transaction out of pattern for customer(s)
- z.  Other \_\_\_\_\_

**36. Insurance**

- a.  Excessive insurance
- b.  Excessive or unusual cash borrowing against policy/annuity
- c.  Proceeds sent to or received from unrelated third party
- d.  Suspicious life settlement sales insurance (e.g., STOLI's, Viaticals)
- e.  Suspicious termination of policy or contract
- f.  Unclear or no insurable interest
- z.  Other: \_\_\_\_\_

**37. Securities/Futures/Options**

- a.  Insider trading
- b.  Market manipulation/wash trading
- c.  Misappropriation
- d.  Unauthorized pooling
- z.  Other: \_\_\_\_\_

**38. Mortgage Fraud**

- a.  Appraisal fraud
- b.  Foreclosure fraud
- c.  Loan Modification fraud
- d.  Reverse mortgage fraud
- z.  Other \_\_\_\_\_

**39** Were any of the following product type(s) involved in the suspicious activity? (Check all that apply)

- |   |  |  |   |
|---|--|--|---|
| a. <input type="checkbox"/> Bonds/Notes         | g. <input type="checkbox"/> Futures/Options on futures | m. <input type="checkbox"/> Options on securities            | s. <input type="checkbox"/> Swap, hybrid, or other derivative |
| b. <input type="checkbox"/> Commercial mortgage | h. <input type="checkbox"/> Hedge fund                 | n. <input type="checkbox"/> Penny stocks/Microcap securities | z. <input type="checkbox"/> Other (List below)                |
| c. <input type="checkbox"/> Commercial paper    | i. <input type="checkbox"/> Home equity loan           | o. <input type="checkbox"/> Prepaid access                   |   |
| d. <input type="checkbox"/> Credit card         | j. <input type="checkbox"/> Home equity line of credit | p. <input type="checkbox"/> Residential mortgage             |   |
| e. <input type="checkbox"/> Debit card          | k. <input type="checkbox"/> Insurance/Annuity products | q. <input type="checkbox"/> Security futures products        |   |
| f. <input type="checkbox"/> Forex transactions  | l. <input type="checkbox"/> Mutual fund                | r. <input type="checkbox"/> Stocks                           |   |

**40** Were any of the following instrument type(s)/payment mechanism(s) involved in the suspicious activity? (Check all that apply)

- |  |  |   |  |
|--|--|---|--|
| a. <input type="checkbox"/> Bank/Cashier's check | d. <input type="checkbox"/> Gaming instruments | g. <input type="checkbox"/> Personal/Business check | z. <input type="checkbox"/> Other (List below) |
| b. <input type="checkbox"/> Foreign currency     | e. <input type="checkbox"/> Government payment | h. <input type="checkbox"/> Travelers checks        |  |
| c. <input type="checkbox"/> Funds transfer       | f. <input type="checkbox"/> Money orders       | i. <input type="checkbox"/> U.S. Currency           |  |

41 Commodity type (If applicable)	42 Product/Instrument description (If needed)	43 Market where traded (Three to five letter code)	
44 IP address (If available)	45 CUSIP® number	46 CUSIP® number	

**Part III Information about Financial Institution Where Activity Occurred (See instructions)**

**3**

*47 Type of financial Institution (check only one)			a <input type="checkbox"/> Casino/Card Club			b <input type="checkbox"/> Depository institution			c <input type="checkbox"/> Insurance company			*48 Primary Federal regulator								
			d <input type="checkbox"/> MSB			e <input type="checkbox"/> Securities/Futures			z <input type="checkbox"/> Other _____											
49 If item 47a is checked indicate type of gaming institution																				
a <input type="checkbox"/> State licensed casino			b <input type="checkbox"/> Tribal authorized casino			c <input type="checkbox"/> Card club			z <input type="checkbox"/> Other(specify) _____											
50 If item 47e is checked, indicate type of Securities and Futures institution or ind. where activity occurred - Check box(es) that apply to this report.																				
a <input type="checkbox"/> Clearing broker-securities			d <input type="checkbox"/> Introducing broker-commodities			g <input type="checkbox"/> Investment company														
b <input type="checkbox"/> Futures Commission Merchant			e <input type="checkbox"/> Introducing broker-securities			h <input type="checkbox"/> Retail foreign exchange dealer														
c <input type="checkbox"/> Holding company			f <input type="checkbox"/> Investment Advisor			i <input type="checkbox"/> Subsidiary of financial/bank holding company			z <input type="checkbox"/> Other _____											
51 Financial institution identification number (Check one box to indicate type)																				
a <input type="checkbox"/> CRD number			b <input type="checkbox"/> IARD number			c <input type="checkbox"/> NFA number			d <input type="checkbox"/> RSSD number			e <input type="checkbox"/> SEC ID number			f					
52 Financial institution's role in transaction (if applicable)																				
a <input type="checkbox"/> Selling location			b <input type="checkbox"/> Paying location			c <input type="checkbox"/> Both a & b														
*53 Legal name of financial institution																				
a. Unk <input type="checkbox"/>			54 Alternate name, e.g., AKA - individual or trade name, DBA - entity																	
*55 TIN			a. Unk <input type="checkbox"/>			56 TIN type (If 55 is known)			a <input type="checkbox"/> EIN			b <input type="checkbox"/> SSN-ITIN			c <input type="checkbox"/> Foreign					
*57 Address			a. Unk <input type="checkbox"/>			*58 City			a. Unk <input type="checkbox"/>			59 State			*60 ZIP/Postal Code			a. Unk <input type="checkbox"/>		
*61 Country (2-letter code)			a. Unk <input type="checkbox"/>			62 Internal control/file number			63 Loss to financial institution (If applicable)			\$			.00					
64 Branch's role in transaction (if applicable)																				
a <input type="checkbox"/> Selling location			b <input type="checkbox"/> Paying location			c <input type="checkbox"/> Both a & b														
*65 Address of branch or office where activity occurred																				
If no branch activity involved, check this box <input type="checkbox"/>											a <input type="checkbox"/>			66 RSSD number						
67 City			68 State			69 ZIP/Postal Code			70 Country (2-letter code)											
71 Branch's role in transaction (if applicable)																				
a <input type="checkbox"/> Selling location			b <input type="checkbox"/> Paying location			c <input type="checkbox"/> Both a & b														
72 Address of branch or office where activity occurred (If applicable)																				
a <input type="checkbox"/> Check if additional branch addresses are listed in Part V											73 RSSD number									
74 City			75 State			76 ZIP/Postal Code			77 Country (2-letter code)											

**Part IV Filing Institution Contact Information**

*78 Primary Federal regulator																				
*79 Filer name (Holding Co., lead fin. inst., or agency, if applicable).			*80 TIN			*81 TIN type			a <input type="checkbox"/> EIN			b <input type="checkbox"/> SSN/ITIN			c <input type="checkbox"/> Foreign					
*82 Type of financial Institution (check only one)			a <input type="checkbox"/> Casino/Card Club			b <input type="checkbox"/> Depository institution			c <input type="checkbox"/> Insurance company			d <input type="checkbox"/> MSB			e <input type="checkbox"/> Securities/Futures			z <input type="checkbox"/> Other _____		
83 Type of Securities and Futures institution or individual filing this report - Check box(es) for functions that apply to this report																				
a <input type="checkbox"/> Clearing broker-securities			f <input type="checkbox"/> Introducing broker-securities			j <input type="checkbox"/> SRO Futures														
b <input type="checkbox"/> CPO/CTA			g <input type="checkbox"/> Investment Advisor			k <input type="checkbox"/> SRO Securities														
c <input type="checkbox"/> Futures Commission Merchant			h <input type="checkbox"/> Investment company			l <input type="checkbox"/> Subsidiary of financial/bank holding company														
d <input type="checkbox"/> Holding company			i <input type="checkbox"/> Retail foreign exchange dealer			z <input type="checkbox"/> Other _____														
e <input type="checkbox"/> Introducing broker-commodities																				
84 Financial institution identification number (Check one box to indicate type)																				
a <input type="checkbox"/> CRD number			b <input type="checkbox"/> IARD number			c <input type="checkbox"/> NFA number			d <input type="checkbox"/> RSSD number			e <input type="checkbox"/> SEC ID number			f					
*85 Address			*86 City			87 State			*88 ZIP/Postal Code											
*89 Country (2-letter code)			90 Alternate name, e.g., AKA - individual or trade name, DBA - entity			91 Internal control/file number														
92 LE contact agency			93 LE contact name			94 LE contact phone number (Include Area Code)			94a Ext. (if any)											
95 LE contact date																				
____ / ____ / ____			MM			DD			YYYY											
*96 Designated contact office			*97 Designated phone number (Include Area Code)			97a Ext. (if any)			*98 Date filed (See inst.)			____ / ____ / ____			MM DD YYYY					