

**FinCEN Report 111**  
**December 2011**  
**BSA E-File Only**

**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).



OMB Control Number 1506-0065

**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 b  SSN-ITIN c  Foreign \*(If 13 is known)

\*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 a  Home b  Work c  Mobile d  Fax 18 Phone number 18a Ext. (If any)

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 a  Relationship continues b  Terminated c  Suspended /barred d  Resigned **Note: A joint SAR cannot be filed if any boxes in 22 are checked.** 23 Action date if 22 b, c, or d is checked MM / DD / YYYY

\*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) a  Purchaser/Sender b  Payee/Receiver c  Both a & b

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

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

*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 (Check only one) 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 Adviser		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)					f
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 number					
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			54 Alternate name, e.g., AKA - individual or trade name, DBA - entity		
*55 TIN		56 TIN type (If 55 is known)			
a. Unk <input type="checkbox"/>		a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN-ITIN c <input type="checkbox"/> Foreign			
*57 Address		*58 City		59 State	*60 ZIP/Postal Code
a. Unk <input type="checkbox"/>		a. Unk <input type="checkbox"/>			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 <u>If no branch activity involved, check this box</u> 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**

*79 Filer name (Holding Co., lead fin. inst., or agency, if applicable).			*80 TIN			*78 Primary Federal regulator			
						*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 Adviser			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)						f			
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 number									
*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			* 96 Filing institution contact office						
____ / ____ / ____ MM DD YYYY									
*97 Filing institution contact office phone number (Include Area Code)				97a Ext. ( if any)		*98 Date filed (See inst.)			
						____ / ____ / ____ MM DD YYYY			

**Explanation/description of suspicious activity(ies).** This section of the report is **critical**. The care with which it is completed may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators. Provide a clear, complete, and chronological narrative description of the activity. The narrative should address as much of the information listed below as possible which covers the who/what/when/where of the activity.

- ★ **Describe** the conduct that raised suspicion, why it was suspicious and the date discovered. Did the activity have a material impact on or affect the financial institution's soundness?
- ★ **Explain** whether the transaction(s) was completed or only attempted.
- ★ **Describe** supporting documentation (e.g., transaction records, new account information, tape recordings, e-mail messages, correspondence, etc.). **The filer (and joint filer if appropriate) must retain a copy of the SAR and its supporting documentation for five years from the date the SAR was filed.**
- ★ **Explain** who benefited, financially or otherwise, from the transaction(s), how much and how (if known).
- ★ **Describe and retain** any admission, or explanation of the transaction(s) provided by the subject(s), or other persons. Indicate to whom and when it was given.
- ★ **Describe and retain** any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, or others.
- ★ **Indicate** where the possible violation of law(s) took place (e.g., main office, branch, other). If the institution or branch has been closed, indicate date.
- ★ **Recommend** any further investigation that might assist law enforcement authorities.
- ★ **Indicate** whether any information has been excluded from this report; if so, state reasons.
- ★ **Describe** subject(s) position(s) if employed by the financial institution.
- ★ **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction. Note if this is an updated report and if so, provide the date of the original SAR regarding this activity.
- ★ **Indicate** whether there is any related litigation. If so, specify the names of the parties involved and the court where the action is pending.
- ★ **Indicate** whether U.S. or foreign currency and/or U.S. or foreign negotiable instrument(s) were involved. If foreign, provide the amount, name of currency, and country of origin.
- ★ **Describe** any funds transfers, including in or out identifier numbers, parties involved, dates, amounts, and financial institutions involved.
- ★ **Indicate** for a foreign national any available information on subject's passport(s), visa(s), and/or identification card(s). Include date, country, city of issue, issuing authority, and nationality.
- ★ **Indicate** the type of institution filing this report, if this is not clear.
- ★ **Indicate** if a law enforcement agency has been contacted, list the name of the agency and the name of any person contacted, their title, their telephone number, and when they were contacted.
- ★ **If correcting or amending a prior report, complete the form in its entirety and note the changes here in Part V.** See instructions.
- ★ SAR's are confidential. Please refer to following references: OCC: 12 CFR 21.11, FRB: 12 CFR 208.62, OTS: 12 CFR 563.180, FDIC: 12 CFR 353, NCUA: 12 CFR 748, FinCEN: 31 CFR 1000.

Information already provided in earlier parts of this form need not be repeated if the meaning is clear.

## Supporting documentation should not be filed with this report. Maintain the information for your files.

Enter the explanation/description narrative in the space below. If necessary, continue the narrative on a duplicate of this page or a blank page. Tips on SAR form preparation and filing are available in the SAR Activity Reviews at [www.fincen.gov/pub\\_reports.html](http://www.fincen.gov/pub_reports.html) or the "SAR Narrative Guidance Package" at [www.fincen.gov/narrativeguidance\\_webintro.pdf](http://www.fincen.gov/narrativeguidance_webintro.pdf). **Do not include legal disclaimers in this narrative.**

**Paperwork Reduction Act Notice:** The purpose of this form is to provide an effective and consistent means for financial institutions to notify appropriate law enforcement agencies of known or suspected criminal conduct or suspicious activities that take place at or were perpetrated against financial institutions. This report is required by law, pursuant to authority contained in the following statutes. Board of Governors of the Federal Reserve System: 12 U.S.C. 324, 334, 611a, 1844(b) and (c), 3105(c) (2) and 3106(a). Federal Deposit Insurance Corporation: 12 U.S.C. 93a, 1818, 1881-84, 3401-22. Office of the Comptroller of the Currency: 12 U.S.C. 93a, 1818, 1881-84, 3401-22. National Credit Union Administration: 12 U.S.C. 1766(a), 1786(q). Financial Crimes Enforcement Network: 31 U.S.C. 5318(g). Information collected on this report is confidential (5 U.S.C. 552(b)(7) and 552a(k)(2), and 31 U.S.C. 5318(g)). The Federal financial institutions' regulatory agencies and the U.S. Departments of Justice and Treasury may use and share the information. Public reporting and recordkeeping burden for this information collection is estimated to average of two (2) hours per response, and includes time to gather and maintain data in the required report, review the instructions, and complete the information collection. Send comments regarding this burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503 and, depending on your primary Federal regulatory agency, to Secretary, Board of Governors of the Federal Reserve System, Washington, DC 20551; or Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or Legislative and Regulatory Analysis Division, Office of the Comptroller of the Currency, Washington, DC 20219; or Office of Thrift Supervision, Enforcement Office, Washington, DC 20552; or National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314; or Office of the Director, Financial Crimes Enforcement Network, Department of the Treasury, P.O. Box 39, Vienna, VA 22183. The agencies may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.