

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		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					