APPENDIX - A

FINANCIAL CRIMES ENFORCEMENT NETWORK

FORM TCR

TIP, COMPLAINT, OR REFERRAL

The single asterisks in the proposed form below indicate required fields that a whistleblower or their attorney must complete for the Form TCR to be submitted. The double or triple asterisks in the proposed form below indicate fields that are conditionally required. For example, if a question is marked with a double asterisk, then a whistleblower or their attorney may be required to answer that question depending on how they answered the preceding question marked with a single asterisk. If a question is marked with a triple asterisk, then a whistleblower or their attorney may be required to answer that question depending on how they answered the preceding question marked with a double asterisk.

A whistleblower may choose to submit a Form TCR to FinCEN anonymously. A whistleblower who chooses to submit a Form TCR to FinCEN anonymously may do so on their own behalf or through an attorney. Whether to retain an attorney when submitting a Form TCR anonymously is the whistleblower's choice – an anonymous whistleblower is not required to retain an attorney to submit a Form TCR anonymously.

[ ] I wish to submit this TCR Form anonymously. [Check if "Yes"]

SECTION A: INFORMATION ABOUT THE WHISTLEBLOWER

*Please select what best describes you? [Whistleblower/Counsel Submitting on the Whistleblower's Behalf]

1. **Last Name

   **First Name

Middle Initial

2. Street Address and Apartment/Unit #

3. City

4. State/Province

5. ZIP/Postal Code

6. Country

7. Telephone Number(s) [multiple entries allowed; “Telephone Number” options include “Home”, “Mobile” and “Work”]

8. Email Address(es) [multiple entries allowed; “Email Address Type” options include “Personal Email” and “Work Email”]

9. Preferred Method of Communication [insert drop down with preselected options: Telephone, Email]

10. Occupation

11. *Is this complaint related to or associated with a Form TCR that you previously filed with FinCEN? [Yes/No]

12. **Please provide the relevant Form TCR reference number. [insert field for entry of Form TCR reference number]

    a. **Please describe all supplemental facts pertinent to the conduct that is the subject of the tip, complaint, or referral that you previously filed with FinCEN. In your description, provide as much detail as you can to help us investigate the conduct. Please also describe all supplemental evidence in your possession that supports the additional allegations you make in this supplemental submission. [insert free text data entry field].

b. **Describe how and from whom you obtained the additional information in this supplemental submission, including any hard copy or electronic documentary evidence described above. [insert free text data entry field]

c. **Please upload any documentary evidence that you wish to submit in support of your supplemental submission at the following link: [insert document upload link]

d. **Was any of this supplemental information obtained by you from an attorney or in a communication where an attorney was present? [Yes/No]

   (i) ***Identify such information with as much specificity as possible. [insert free text data entry field]

e. **Was any of this supplemental information obtained by you from a public source? [Yes/No]

   (i) ***Identify the source(s) with as much specificity as possible. [insert free text data entry field]

f. **Are you represented by an attorney in connection with this supplemental complaint, or referral? [Yes/No]

   (i) ***Please provide the name, country, and telephone number and/or email address for the law firm that represents you. [insert free text data entry field]

[After completing questions 12.a – 12.f, the user should be directed to the declaration and certification at the end of this form.]

13. *Are you jointly submitting this tip, complaint, or referral together with one or more other whistleblowers? [Yes/No]

14. **Please identify the other whistleblower(s) with whom you are jointly submitting this tip, complaint, or referral.

15. *Are you represented by an attorney in connection with this tip, complaint, or referral? [Yes/No]

SECTION B: INFORMATION ABOUT THE WHISTLEBLOWER'S ATTORNEY (If Applicable)

[questions in this section can be repeated up to a total of 99 times]

16. Attorney's Last Name

    Attorney's First Name

17. **Law Firm Name

18. Street Address and Apartment/Unit #

19. City

20. State/Province

21. ZIP/Postal Code

22. **Country

23. **Telephone Number(s) [three entries allowed; "Telephone Number" options include "Home", "Mobile" and "Work"] Please ensure at least 1 but no more than 3 phone numbers are listed.

24. **Email Address(es) [three entries allowed; "Email Address Type" options include "Personal Email" and "Work Email"] Please ensure at least 1 but no more than 3 phone numbers are listed.

SECTION C: TELL US WHO YOUR TIP, COMPLAINT, OR REFERRAL IS ABOUT

[questions in this section can be repeated up to a total of 99 times]

25. Is this an individual or entity? [options include "Individual" and "Entity"]

a. If an individual, specify profession and title, if known.

26. *Last/Business Name

    *First Name

27. Alternate Names (*e.g.*, aliases, trade names or DBAs) [multiple entries allowed]

28. Street Address and Apartment/Unit #

29. City

30. State/Province

31. ZIP/Postal Code

32. *Country

33. Telephone Number(s) [multiple entries allowed; "Telephone Number" options include "Home", "Mobile" and "Work"]

34. Email Address(es) [multiple entries allowed; Email "Address Type" options include "Personal Email" and "Work Email"]

35. Internet Address or Website [multiple entries allowed]

36. *Are you, or were you, associated with the individual or entity [Yes/No]?

37. **Please describe how you are, or were, associated with the individual or entity. [insert free text data entry field]

SECTION D: TELL US ABOUT YOUR TIP, COMPLAINT, OR REFERRAL

38. *Approximately when did the conduct begin? [mm/dd/yyyy]

39. *Is the conduct ongoing [Yes/No/Don't Know]?

40. **Approximately when did the conduct end? [mm/dd/yyyy]

41. Please select the option(s) that best describe the nature of your tip:

a. [ ] Violations or evasion of U.S. economic sanctions (*e.g.*, economic sanctions programs administered by the Office of Foreign Assets Control or OFAC)

[If the user selects 41.a, they should be directed to fill out 42a-f and 43a-w.]

b. [ ] Violations of the Bank Secrecy Act (BSA).

[If the user selects 41.a, they should be directed to fill out 44a-j and 45a-p.]

c. [ ] Violations of the Data Security Program (enacted at 28 CFR Part 202 to implement Executive Order 14117, "Preventing Access to Americans' Bulk Sensitive Personal Data and United States Government-Related Data by Countries of Concern").

[If the user selects 41.c, they should be directed to fill out 46a-j, 47a-e and 48a-h.]

d. [ ] Violations of the U.S. Department of the Treasury's Outbound Investment Security Program regulations (enacted at 31 CFR Part 850 to implement Executive Order 14105, "Addressing United States Investments in Certain National Security Technologies and Products in Countries of Concern").

e. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

42. If you selected "Violations or evasion of U.S. economic sanctions (*e.g.*, economic sanctions programs administered by the Office of Foreign Assets Control or

OFAC)", please select the option(s) that best describe the sanctions program to which your tip relates:

a. [ ] Counter-Narcotics

b. [ ] Iran

c. [ ] Specifically Designated Global Terrorists

d. [ ] Democratic People's Republic of Korea

e. [ ] Venezuela

f. [ ] Russia / Ukraine

g. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

43. If you selected "Violations or evasion of U.S. economic sanctions (*e.g.*, economic sanctions programs administered by the Office of Foreign Assets Control or OFAC)", please select the option(s) that best describe the industry to which your tip relates:

a. [ ] Agriculture

b. [ ] Aviation

c. [ ] Broker Dealers

d. [ ] Construction

e. [ ] Crypto/Digital Assets

f. [ ] Defense

g. [ ] Education and University

h. [ ] Energy (oil, gas, electrical)

i. [ ] Other Financial institutions

j. [ ] Healthcare and pharmaceutical

k. [ ] Humanitarian and NGO

l. [ ] Investment Advisers Registered with the S.E.C.

m. [ ] Lobbying

n. [ ] Manufacturing

o. [ ] Mining

p. [ ] Investment Advisers not Registered with the S.E.C.

q. [ ] Shipping or Logistics

r. [ ] Small Arms

s. [ ] Software, Internet & Data Processing

t. [ ] Telecommunications

u. [ ] Tourism

v. [ ] Transportation

w. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

44. If you selected "Violations of the Bank Secrecy Act (BSA)", please select the option(s) that best describe the nature of the Bank Secrecy Act (BSA) Violations.

a. [ ] A financial institution that is required by the BSA to file Currency Transaction Reports (CTRs) has not filed these reports and is not making an effort to file them.

b. [ ] A financial institution that is required by the BSA to file Suspicious Activity Reports (SARs) has not filed these reports and is not making an effort to file them.

c. [ ] A financial institution or other person that is required by the BSA to file other reports (*e.g.*, IRS/FinCEN Form 8300: Report of Cash Payments Over $10,000 Received in a Trade or Business; Currency and Other Monetary Instrument Report, also known as a CMIR: Report of International Transportation of Monetary Instruments Over $10,000), has not filed these reports and is not making an effort to file them.

d. [ ] Anti-Money Laundering/Countering the Financing of Terrorism (AML/CFT) program failure(s) by a financial institution (*e.g.*, failures relating to internal policies, procedures, and controls; designation of an AML officer; employee training; independent testing; and customer due diligence or CDD).

e. [ ] An attempt by an individual or entity to evade Anti-Money Laundering (AML) reporting requirements by interfering with a financial institution's reporting requirements, or structuring or assisting in structuring any transaction involving one or more U.S. financial institutions.

f. [ ] Failure by an individual or entity to comply with a Geographic Targeting Order (GTO).

g. [ ] Failure by an individual or entity to register with FinCEN as a Money Services Business (MSB).

h. [ ] Individual or entity that caused, or attempted to cause, evasion of a BSA reporting requirement.

i. [ ] Money laundering and/or terrorist financing by a financial institution.

j. [ ] None of the above.

45. If you selected "Violations of the Bank Secrecy Act (BSA)" by a financial institution,[1] please select the option(s) that best describes the type of institution at which the conduct occurred:

a. [ ] Broker-Dealer (B-D)

b. [ ] Casino

c. [ ] Card Club

d. [ ] Depository Institution (*e.g.*, bank or credit union)

e. [ ] Dealer in Precious Metals, Precious Stones, or Jewels

f. [ ] Futures Commission Merchant (FCM)

g. [ ] Housing Government Sponsored Enterprise (GSE)

h. [ ] Insurance Company

i. [ ] Introducing Broker (IB)

j. [ ] Loan or Finance Company

k. [ ] Money Services Business (*e.g.*, currency dealer or exchanger, check casher, money transmitter)

l. [ ] Mutual Fund

m. [ ] Operator of Credit Card Systems

p. [ ] If type of institution at which the conduct occurred does not fit into any of the above-described categories, then please describe below: [insert data entry field]

[1] If the Form TCR relates solely to potential violations of IEEPA, TWEA, or the Kingpin Act (*i.e.*, there are no potential violations of the BSA) and the subject of the Form TCR alleged to have committed such potential violations is a financial institution, this question could be completed to indicate the type of financial institution that has committed the potential violation. Similarly, for a Form TCR involving a potential violation of the BSA allegedly committed by a non-financial entity (*e.g.*, violations of the requirement to file Form 8300 by a non-financial trade or business), information about the entity type could be provided in response to the BSA-related question below.

46. If you selected “Violations of the Data Security Program”, please select the option(s) that best describes the data security program prohibitions and/or restrictions to which your tip relates:

a. [ ] 28 CFR § 202.301(a) (prohibited data-brokerage transactions)

b. [ ] 28 CFR § 202.302(a) (other prohibited data-brokerage transactions involving potential onward transfer to countries of concern or covered persons)

c. [ ] 28 CFR § 202.303 (prohibited human ‘omic data and human biospecimen transactions)

d. [ ] 28 CFR § 202.304 (prohibited evasions, attempts, causing violations, and conspiracies)

e. [ ] 28 CFR § 202.305 (knowingly directing prohibited or restricted transactions)

f. [ ] 28 CFR § 202.401(a) (authorization to conduct restricted transactions)

g. [ ] 28 CFR § 202.302(b) (reports of known or suspected violations of § 202.302(a))

h. [ ] 28 CFR § 202.1103 (annual reports arising from certain cloud-related transactions)

i. [ ] Other reporting, recordkeeping, compliance, and/or audit requirements of the data security program

j. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

47. If you selected “Violations of the Data Security Program”, please select the option(s) that best describes the “covered data transaction” to which your tip relates:

a. [ ] Data brokerage

b. [ ] A vendor agreement

c. [ ] An employment agreement

d. [ ] An investment agreement

e. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

48. If you selected “Violations of the Data Security Program”, please select the option(s) that best describes the “countries of concern” and/or “covered persons” to which your tip relates:

a. [ ] China

b. [ ] Iran

c. [ ] Venezuela

d. [ ] Cuba

e. [ ] North Korea

f. [ ] Russia

g. [ ] Covered Person(s): [insert free text data entry field]

h. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

49. If you selected “Violations of the Data Security Program”, please select the option(s) below that best describes the type of “sensitive personal data” and/or “government-related data” to which your tip relates:

a. [ ] Human ‘omic data (including human genomic data)

b. [ ] Biometric identifiers

c. [ ] Precise geolocation data

d. [ ] Personal health data

e. [ ] Personal financial data

f. [ ] Covered personal identifiers

g. [ ] Government-related data (sensitive personal data marketed as linked or linkable to current or recent former employees or contractors, or former senior officials, of the United States Government, including the military and Intelligence Community)

h. [ ] Government-related data (precise geolocation data within any area enumerated on the Government Related Location Data List in § 202.1401)

i. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

50. If you selected “Violations of the Data Security Program”, please select the option(s) below that best describes the volume of “sensitive personal data” and/or “government-related data” to which your tip relates:

a. [ ] 0-999 U.S. persons (or U.S. devices)

b. [ ] 1,000-9,999 U.S. persons (or U.S. devices)

c. [ ] 10,000-99,999 U.S. persons (or U.S. devices)

d. [ ] 100,000+ U.S. persons (or U.S. devices)

e. [ ] If your tip does not fit into any of the above-described categories, then please describe below: [insert free text data entry field]

51. Did the conduct involve virtual currency [Yes/No]?

52. *To your knowledge, has the individual or entity that engaged in the conduct acknowledged their fault? [Yes/No]

53. **Please describe how and when the individual or entity acknowledged their fault? [insert free text data entry field]

54. *Please describe all facts pertinent to the conduct that is the subject of your tip, complaint, or referral. In your description, provide as much detail as you can to help us investigate the conduct. Please also explain why you believe the conduct you describe constitutes a violation of the Bank Secrecy Act or other regulations administered by FinCEN, U.S. economic sanctions, the Data Security Program, or other federal laws or regulations. [insert free text data entry field]

55. *Please describe all evidence in your possession that supports the allegations you make in your tip, complaint, or referral. [insert free text data entry field].

56. Please upload any documentary evidence that you wish to submit in support of your submission.

Accepted File Types Are:

- Word
- PowerPoint
- Excel
- PDFs

- JPEG
- PNG
- ZIP

Individual File Size is limited to 50mb

[insert document upload link]

57. Please describe the availability and location of any additional evidence that supports your allegations but is not in your possession. In your description, provide as much detail as you can about the location of any such evidence. Also state whether you are aware of any policies or procedures, or other circumstances, which may result in the deletion or destruction of the additional evidence and, if so, the approximate date by which the additional evidence may be deleted or destroyed. [insert free text data entry field]

58. *Describe how and from whom you obtained the information that supports your complaint, including any hard copy or electronic documentary evidence described above. [insert free text data entry field]

59. *Was any information obtained by you through a communication that was subject to attorney-client privilege or the work product doctrine, of a similar legal concept? [Yes/No]

60. **Identify such information with as much specificity as possible. [insert free text data entry field]

a. **To your knowledge, is the disclosure of this communication permitted by Federal or state law and/or attorney conduct rules. [Yes/No/Don’t Know]

b. ***Please describe why you believe the disclosure of this communication is permitted? [insert free text data entry field]

61. *Was any information obtained by you from a public source? [Yes/No]

62. **Identify the public source(s) with as much specificity as possible. [insert free text data entry field]

63. Identify any documents or other information in your submission that you believe could reasonably be expected to reveal your identity. Explain the basis for your belief that your identity would be revealed if the documents or information were disclosed to a third party. [insert free text data entry field]

64. *Have you or your counsel had any prior communication(s) with FinCEN concerning this tip, complaint, or referral? [Yes/No]

65. **Please provide the name and contact information for the FinCEN staff member with whom you or your counsel communicated. [insert free text data entry field]

    a. **Please provide the date you or your counsel first communicated with FinCEN staff regarding this tip, complaint, or referral. [mm/dd/yyyy]

66. *Have you or your counsel had any prior communication(s) with anyone else at the Department of the Treasury, including OFAC, concerning this tip, complaint, or referral? [Yes/No]

67. **Please provide the name and contact information for the Department of the Treasury staff member with whom you or your counsel communicated. [insert free text data entry field]

a. **Please provide the date you or your counsel first communicated with Department of Treasury staff regarding this tip, complaint, or referral. [mm/dd/yyyy]

68. *Have you or you counsel had any prior communication(s) with the Department of Justice concerning this tip, complaint, or referral? [Yes/No]

69. **Please provide the name and contact information for the Department of Justice staff member with whom you or your counsel communicated. [insert free text data entry field]

a. **Please provide the date you or your counsel first communicated with Department of Justice staff regarding this tip, complaint, or referral. [mm/dd/yyyy]

70. *Have you or your counsel provided the information about your tip, complaint, or referral to any other agency or organization, or has any other agency or organization requested the information or related information from you? [Yes/No]

71. **Please identify each agency or organization and provide the name(s) and contact information for your point(s) of contact, if known. [insert free text data entry field]

72. **Also please provide details about any communications you had with each agency or organization, including but not limited to: type of contact, information shared, approximate dates of contact, and tracking code(s). [insert free text data entry field]

73. *Does this tip, complaint, or referral relate to an entity of which you are or were an officer, director, employee, or agent—including attorney, consultant, or contractor? [Yes/No]

74. **Did you report the information about your tip, complaint, or referral to your supervisor, or to the entity's compliance office, whistleblower hotline, ombudsman, or any other available mechanism at the entity for reporting violations? [Yes/No]

75. ***When did you first report the information? [mm/dd/yyyy]

76. ***Please provide additional details about any reports you made, including how you made your report, the names and titles of the individual(s) with whom you made your report, and the information you shared. [insert free text data entry field]

77. Have you or, to your knowledge, anyone else taken any other action regarding the alleged conduct in this complaint, including, for example, complaining to law enforcement or initiating legal action, mediation, or arbitration? [Yes/No]

78. **Please provide details, including a description of the actions taken, who took the actions, and approximate dates on which the actions were taken. [insert free text data entry field]

SECTION E: ADDITIONAL INFORMATION ABOUT THE WHISTLEBLOWER

79. *Are you, or were you at the time you acquired the original information you are submitting to FinCEN, acting in the normal course of your duties as a member, officer, employee, or contractor of: the Department of the Treasury; the Department of Justice; a federal regulatory or banking agency; a law enforcement

agency; Congress or a committee of Congress; a self-regulatory organization (*e.g.*, the Financial Industry Regulatory Authority or FINRA, the self-regulatory organization for the U.S. securities market);any state attorney general office; or any state regulatory authority or examiner? [Yes/No]

80. *Are you, or were you at the time you acquired the original information you are submitting to FinCEN, acting in the normal course of your job duties as a member, officer, employee, or contractor of a foreign government, any political subdivision, department, or agency of a foreign government, or any other foreign financial regulatory authority or law enforcement organization? [Yes/No]

81. *Are you, or were you, at the time you acquired the original information you are submitting to FinCEN, serving as internal audit or internal compliance personnel for the subject of the tip, complaint, or referral? [Yes/No]

a. **Please describe your position. [insert free text data entry field]

82. *Are you, or were you, at the time you acquired the original information you are submitting to FinCEN, serving as external audit or external consulting personnel for the subject of the tip, complaint, or referral? [Yes/No]

a. **Please describe your position. [insert free text data entry field]

83. *Have you, your employer, or anyone representing you, received any request, inquiry, demand, or communication that relates to the subject matter of your tip, complaint, or referral:

- From FinCEN, OFAC, any other part of the Department of the Treasury or the Department of Justice;

- in connection with an investigation, inspection or examination by a regulator tasked with examination under the Bank Secrecy Act or any self-regulatory organization; or
- in connection with an investigation by Congress, or any other federal regulatory or banking agency, a state attorney general, or state regulatory authority or examiner? [Yes/No/Don't Know]

84. *To your knowledge, are you under criminal investigation by state or federal law enforcement authorities or have you been charged with a state or federal crime? [Yes/No]

85. *Have you been convicted of a crime in connection with the information that you are submitting to FinCEN? [Yes/No]

86. *Is your spouse, parent, child, or sibling a member, officer, employee, or contractor of the Department of the Treasury (including FinCEN or OFAC) or the Department of Justice, or do you reside in the same household as a member, officer employee, or contractor of the Department of the Treasury (including FinCEN or OFAC) or the Department of Justice? [Yes/No]

87. *Did you acquire the information that you are submitting to FinCEN from any of the following persons:

- a member, officer, employee, or contractor of: the Department of the Treasury; the Department of Justice; a federal regulatory or banking agency; a law enforcement agency; Congress or a committee of Congress; a self-regulatory organization (*e.g.*, the Financial Industry Regulatory Authority or FINRA, the

self-regulatory organization for the U.S. securities market); any state attorney general office; or any state regulatory authority or examiner;

- a member, officer, or employee of a foreign government, any political subdivision, department, or agency of a foreign government, or any other foreign financial regulatory authority or law enforcement organization;
- an individual serving as internal audit or internal compliance personnel for the subject of the tip, complaint, or referral;
- an individual serving as external audit or external consulting personnel for the subject of the tip, complaint, or referral;
- an individual or entity that received any request, inquiry, demand, or communication that relates to the subject matter of your tip, complaint, or referral: from FinCEN, OFAC, any other part of the Department of the Treasury or the Department of Justice; in connection with an investigation, inspection or examination by a regulator tasked with examination under the Bank Secrecy Act or any self-regulatory organization; or in connection with an investigation by Congress, any other federal regulatory or banking agency, a state attorney general, or state regulatory authority or examiner;
- an individual under criminal investigation by state or federal law enforcement authorities or charged with a state or federal crime;
- an individual convicted of a crime in connection with the information that you are submitting to FinCEN;
- an individual whose spouse, parent, child, or sibling is a member, officer, employee, or contractor of the Department of the Treasury (including FinCEN or

OFAC) or the Department of Justice, or who resides in the same household as a member, officer employee, or contractor of the Department of the Treasury (including FinCEN or OFAC) or the Department of Justice? [Yes/No]

88. *Are you permanently barred from participating in FinCEN's whistleblower program? [Yes/No]**If you answered "Yes" to any of the questions in this section, "SECTION E: ADDITIONAL INFORMATION ABOUT THE WHISTLEBLOWER", please provide specific details relating to your responses. [insert free text data entry field]

SECTION F: WHISTLEBLOWER'S DECLARATION

I declare under penalty of perjury under the laws of the United States of America that the information contained herein is true, correct, and complete to the best of my knowledge, information and belief. I fully understand that I may be subject to prosecution and ineligible for a whistleblower award if, in my submission of information, my other dealings with the Financial Crimes Enforcement Network (FinCEN), any other part of the Department of the Treasury, or the Department of Justice, or my dealings with another authority in connection with a related action, I knowingly and willfully: make any false, fictitious, or fraudulent statements or representations; use any false writing or document knowing that the writing or document contains any false, fictitious, or fraudulent statement or entry; or omit any material fact, where, in the absence of such fact, other statements or representations I made would be materially misleading.

Whistleblower Declared Name:

Whistleblower Declared Date: [mm/dd/yyyy]

SECTION G: COUNSEL CERTIFICATION (If Applicable)

I certify that I have reviewed this form for completeness and accuracy and that the information contained herein is true, correct and complete to the best of my knowledge, information and belief.

I further certify that I have verified the identity of the whistleblower on whose behalf this form is being submitted by viewing the whistleblower's valid, unexpired government issued identification (e.g., driver's license, passport). I agree to retain a copy of the form that is filed, have the whistleblower sign that copy, and retain that signed copy of the form in my records.

I further certify that I have obtained the whistleblower's non-waivable consent to provide the Financial Crimes Enforcement Network (FinCEN), with the copy of the form signed by the whistleblower upon FinCEN's request.

Name of Attorney and Law Firm:

Counsel Certified Date: [mm/dd/yyyy]

DISCLAIMER: Now is your only opportunity to download and save a copy of your completed Form TCR for your records. FinCEN will not provide a copy of this completed form at a later date. If you would like to download and save your completed Form TCR for your records, please click on the link below at this time: Print/Save Form TCR as PDF.

[ ] *I acknowledge that I have downloaded my Form TCR or am choosing not to have a copy of my Form TCR. [check if "Yes"]