APPENDIX - B

FINANCIAL CRIMES ENFORCEMENT NETWORK

FORM WB-APP

APPLICATION FOR AWARD FOR ORIGINAL INFORMATION SUBMITTED

PURSUANT TO 31 U.S.C. § 5323

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 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 may be required to answer that question depending on how the whistleblower answered the preceding question marked with a single asterisk.

A whistleblower may choose to submit a Form WB-APP to FinCEN anonymously. If the applicant also submitted their Form TCR anonymously, they must be represented by an attorney .

[ ] *I wish to submit this Form WB-APP 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; “Number Type” options include “Home”, “Mobile” or “Work”]
8. Email Address(es) [multiple entries allowed; “Email Address Type” options include “Personal Email” and “Work Email”]
9. *Are you represented by an attorney in connection with this award application? [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]

10. Attorney’s Last Name

    Attorney’s First Name
11. **Law Firm Name
12. Street Address and Apartment/Unit #
13. City
14. State/Province
15. ZIP/Postal Code
16. **Country
17. **Telephone Number(s) [three entries allowed; “Number Type” options include “Home”, “Mobile” or “Work”]
18. **Email Address(es) [three entries allowed; “Email Address Type” options include “Personal Email” and “Work Email”]

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

19. *What is your Form TCR reference number?
20. *Prior to submitting your original information to FinCEN and receiving a Form TCR reference number, did you submit the same information to the Department of Justice and/or another part of Treasury? [Yes/No]
    a. **What was the date of the initial submission to the Department of Justice and/or another part of Treasury?
21. *When did you first submit your Form TCR? [mm/dd/yyyy]
22. *Did you submit any supplemental information to FinCEN? [Yes/No]
23. **When did you submit your supplemental information? [mm/dd/yyyy]
    [this question can be repeated up to a total of 99 times]
24. *Please provide the name(s) of the individual(s) and/or entity(s) to which your tip, complaint, or referral relates. [insert free text data entry field]

SECTION D: COVERED ACTIONS

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

Please submit a covered action to proceed to the next step. A covered action is required for an award to be granted.

25. *What is the date of the covered action to which your claim relates? [mm/dd/yyyy]
26. *Case Name
27. *Case Number

SECTION E: RELATED ACTIONS

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

If your claim pertains to a related action, please add the related action to this table. If you do not have a related action to add, please select "No" to proceed.

28. *Does your claim pertain to a related action? [Yes/No]
29. **What is the name of the agency or authority that brought the related action? [insert free text data entry field?]
30. **Case Name
31. **Case Number
32. *Did you submit original information directly to this agency or authority? [Yes/No]
33. **When did you submit your original information directly to this agency or authority? [mm/dd/yyyy]
34. **Please identify your point(s) of contact at this agency or authority and their contact information. [insert free text data entry field]
35. *Have you applied for an award from this agency or authority based on the related action? [Yes/No]
36. **Has the award application been resolved? [Yes/No]
37. **Did you receive an award? [Yes/No]
38. **What was the amount of the award you received? [insert free text data entry field]

SECTION F: ELIGIBILITY AND OTHER INFORMATION

39. *Are you, or were you at the time you acquired the original information you submitted to FinCEN, 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); any state attorney general office; or any state regulatory authority or examiner? [Yes/No]

40. *Are you, or were you at the time you acquired the original information you submitted to FinCEN, 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? [Yes/No]
41. *Before you submitted your original information to FinCEN, had 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, another 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? [Yes/No]
42. *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]

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

44. *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]

45. *Did you acquire the information that you submitted 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); 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 or entity that received any request, inquiry, demand, or communication that relates to the subject matter of your tip, complaint, or referral: from FinCEN, another 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 submitted to FinCEN; and/or

- an individual with a spouse, parent, child, or sibling who 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]

46. *Are you permanently barred from participating in FinCEN's whistleblower program? [Yes/No]**If you answered "Yes" to any of Questions in "SECTION F: ELIGIBILITY AND OTHER INFORMATION", please provide specific details relating to your responses. [insert free text data entry field]

SECTION G: ENTITLEMENT TO AN AWARD

47. *Explain the basis for your belief that you are entitled to an award in connection with your submission of information to FinCEN, or to another agency or authority in a related action. Provide any additional information that you think may be relevant considering the criteria for determining the amount of an award set forth in 31 U.S.C. § 5323 and 31 CFR Part 1010.930. Include references to any

supporting documents in your possession, custody, or control. [insert free text data entry field]

48. Please upload any documents that you wish to submit in support of your application for an award.

    Accepted File Types Are:

    - Word
    - PowerPoint
    - Excel
    - PDFs
    - JPEG
    - PNG
    - ZIP

    Individual File Size is limited to 50mb

    [insert document upload link]

SECTION H: 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 I: 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 adopt and 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 WB-APP 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 WB-APP for your records, please click on the link below at this time: Print/Save Form WB-APP as PDF.

[ ] *I acknowledge that I have downloaded my Form WB-APP or am choosing not to have a copy of my Form WB-APP. [check if “Yes”]