

Part III Suspicious Activity Information			2
33 Date or date range of suspicious activity From ____ / ____ / ____ To ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>		34 Total dollar amount involved in known or suspicious activity \$ _____ 00	
35 Summary characterization of suspicious activity:			
a <input type="checkbox"/> Bank Secrecy Act/Structuring/ Money Laundering b <input type="checkbox"/> Bribery/Gratuity c <input type="checkbox"/> Check Fraud d <input type="checkbox"/> Check Kiting e <input type="checkbox"/> Commercial Loan Fraud s <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(type of activity)</div>		f <input type="checkbox"/> Computer Intrusion g <input type="checkbox"/> Consumer Loan Fraud h <input type="checkbox"/> Counterfeit Check i <input type="checkbox"/> Counterfeit Credit/Debit Card j <input type="checkbox"/> Counterfeit Instrument (other) k <input type="checkbox"/> Credit Card Fraud l <input type="checkbox"/> Debit Card Fraud m <input type="checkbox"/> Defalcation/Embezzlement n <input type="checkbox"/> False Statement o <input type="checkbox"/> Misuse of Position or Self Dealing p <input type="checkbox"/> Mortgage Loan Fraud q <input type="checkbox"/> Mysterious Disappearance r <input type="checkbox"/> Wire Transfer Fraud t <input type="checkbox"/> Terrorist Financing u <input type="checkbox"/> Identity Theft	
36 Amount of loss prior to recovery (if applicable) \$ _____ 00		37 Dollar amount of recovery (if applicable) \$ _____ 00	
39 Has the institution's bonding company been notified? a <input type="checkbox"/> Yes b <input type="checkbox"/> No		38 Has the suspicious activity had a material impact on, or otherwise affected, the financial soundness of the institution? a <input type="checkbox"/> Yes b <input type="checkbox"/> No	
40 Has any law enforcement agency already been advised by telephone, written communication, or otherwise? a <input type="checkbox"/> DEA d <input type="checkbox"/> Postal Inspection g <input type="checkbox"/> Other Federal b <input type="checkbox"/> FBI e <input type="checkbox"/> Secret Service h <input type="checkbox"/> State c <input type="checkbox"/> IRS f <input type="checkbox"/> U.S. Customs i <input type="checkbox"/> Local j <input type="checkbox"/> Agency Name (for g, h or i) _____			
41 Name of person(s) contacted at Law Enforcement Agency		42 Phone Number (include area code) ()	
43 Name of person(s) contacted at Law Enforcement Agency		44 Phone Number (include area code) ()	
Part IV Contact for Assistance			
45 Last Name		46 First Name	
48 Title/Occupation		47 Middle	
49 Phone Number (include area code) ()		50 Date Prepared ____ / ____ / ____ <small>MM DD YYYY</small>	
51 Agency (if not filed by financial institution)			