FinCEN Form 101

January 2003

Suspicious Activity Report by the Securities and Futures Industries

Please type or print. Always complete entire report. Items marked with an asterisk * are considered critical. (See instructions).

OMB No. 1506 - 0019

1 Check the box if this report corrects a prior report (see instructions, page 7) ☐

Part I Subject Information

2 Check box (a) ☐ if multiple subjects box (b) ☐ subject information unavailable

*3 Individual's last name or entity's full name	*4 First name	5 Middle initial
6 Also known as (AKA - individual), doing business as (DBA - entity)	7 Occupation or type of business	
*8 Address		*9 City

10 State	*11 ZIP code	*12 Country (if not U.S.)	13 E-mail address (if available)
	—		

*14 SSN/ITIN (individual), or EIN (entity)	*15 Account number(s) affected, if any. Indicate if closed.	16 Date of birth
	Acc't #_____ yes ☐ Acc't #_____ yes ☐ Acc't #_____ yes ☐ Acc't #_____ yes ☐	____/____/_____ MM DD YYYY

*17 Government issued identification (If available)

a ☐ Driver's license/state ID b ☐ Passport c ☐ Alien registration d ☐ Corporate/Partnership Resolution

e ☐ Other _____

f ID Number _____ g Issuing state or country _____

18 Phone number - work	19 Phone number - home	20 Is individual/business associated/affiliated with the reporting institution? (See instructions)
( ) —	( ) —	a ☐ Yes b ☐ No

Part II Suspicious Activity Information

*21 Date or date range of suspicious activity	*22 Total dollar amount involved in suspicious activity
From ____/____/_____ To ____/____/_____ MM DD YYYY MM DD YYYY	$, , .00

23 Instrument type (Check all that apply)

a ☐ Bonds/Notes
b ☐ Cash or equiv.
c ☐ Commercial paper
d ☐ Commodity futures contract
e ☐ Money Market Mutual Fund
f ☐ Mutual Fund
g ☐ OTC Derivatives
h ☐ Other derivatives
i ☐ Commodity options
j ☐ Security Futures Products
k ☐ Stocks
l ☐ Warrants
m ☐ Other securities
n ☐ Other non-securities
o ☐ Foreign currency futures
p ☐ Foreign currencies
q ☐ Commodity type _____ (Please identify)
r ☐ Instrument description _____
s ☐ Market where traded ____ (Enter approprite three or four-letter code.)
t ☐ Other (Explain in Part IV)

24 CUSIP® number	25 CUSIP® number	26 CUSIP® number
27 CUSIP® number	28 CUSIP® number	29 CUSIP® number

*30 Type of suspicious activity:

a ☐ Bribery/gratuity
b ☐ Check fraud
c ☐ Computer intrusion
d ☐ Credit/debit card fraud
e ☐ Embezzlement/theft
f ☐ Futures fraud
g ☐ Forgery
h ☐ Identity theft
i ☐ Insider trading
j ☐ Mail fraud
k ☐ Market manipulation
l ☐ Money laundering/Structuring
m ☐ Prearranged or other non-competitive trading
n ☐ Securities fraud
o ☐ Significant wire or other transactions without economic purpose
p ☐ Suspicious documents or ID presented
q ☐ Terrorist financing
r ☐ Wash or other fictitious trading
s ☐ Wire fraud
t ☐ Other (Describe in Part VI)

Part III Law Enforcement or Regulatory Contact Information

31 If a law enforcement or regulatory authority has been contacted (excluding submission of a SAR) check the appropriate box.

- a ☐ DEA
- b ☐ U.S. Attorney (**32)
- c ☐ IRS
- d ☐ FBI
- e ☐ U.S. Customs Svc.
- f ☐ U.S. Secret Svc.
- g ☐ CFTC
- h ☐ SEC
- i ☐ NASD
- j ☐ NFA
- k ☐ NY Stock Exchg.
- l ☐ Other Registered Futures Assoc
- m ☐ Other registered entity-futures
- n ☐ Other state/local
- o ☐ Other SRO (PHLX, PCX, CBOE, AMEX, etc.)
- p ☐ State securities regulator
- q ☐ Foreign
- r ☐ Other (Explain in Part VI)

32 Other authority contacted (for Box 31 l through r) ** List U.S. Attorney office here.

33 Name of individual contacted (for all of Box 31)

34 Telephone number of individual contacted (box 33)

( ) —

35 Date contacted

____/____/_____
MM DD YYYY

Part IV Reporting Financial Institution Information

*36 Name of financial institution or sole proprietorship

*37 EIN / SSN / ITIN

*38 Address

*39 City

*40 State

*41 ZIP code —

42 Additional branch address locations handling account, activity or customer.

43 ☐ Multiple locations (see instructions)

44 City

45 State

46 ZIP code —

47 Central Registration Depository number

48 SEC ID number —

49 Nat'l. Futures Ass'n. ID number

50 Has this reporting individual/entity coordinated this report with another reporting individual/entity? Yes ☐ (Provide details in Part VI) No ☐

51 Type of institution or individual- Check box(es) for functions that apply to this report

- a ☐ Agriculture trade option merchant
- b ☐ Affiliate of bank holding company
- c ☐ Commodity pool operator
- d ☐ Commodity trading advisor
- e ☐ Direct participation program
- f ☐ Futures commission merchant
- g ☐ Futures floor broker
- h ☐ Futures floor trader
- i ☐ Introducing Broker-Futures
- j ☐ Investment adviser
- k ☐ Investment company - mutual fund
- l ☐ Market maker
- m ☐ Municipal securities dealer
- n ☐ National Futures Assoc.
- o ☐ Registered Entity-futures
- p ☐ Other Registered Futures Assn.
- q ☐ Securities broker - clearing
- r ☐ Securities broker - introducing
- s ☐ Securities dealer
- t ☐ Securities floor broker
- u ☐ Securities options broker-dealer
- v ☐ Self regulatory organization (SRO)
- w ☐ Specialist
- x ☐ Subsidiary of bank
- y ☐ U.S. Government broker-dealer
- z ☐ U.S. Government interdealer broker
- aa ☐ Other (Describe in Part VI)

Part V Contact For Assistance

*52 Last name of individual to be contacted regarding this report

*53 First name

*54 Middle initial

*55 Title/Position

*56 Work phone number

( ) —

*57 Date report prepared

____/____/_____
MM DD YYYY

Paperwork Reduction Act Notice: The purpose of this form is to provide an effective means for financial institutions to notify appropriate law enforcement agencies of suspicious transactions that occur by, through, or at the financial institutions. This report is required by law, pursuant to authority contained in 31 U.S.C. 5318(g). Information collected on this report is confidential (31 U.S.C. 5318(g)). Federal securities regulatory agencies and the U.S. Departments of Justice and Treasury, and other authorized authorities may use and share this information. Public reporting and recordkeeping burden for this form is estimated to average 45 minutes per response, and includes time to gather and maintain information for 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 to the Financial Crimes Enforcement Network, Attn.: Paperwork Reduction Act, P.O. Box 39, Vienna VA 22183-0039. The agency 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.

Part VI Suspicious Activity Information - Narrative *

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 description (**not exceeding this page and the next page**) of the activity, including what is unusual, irregular or suspicious about the transaction(s), using the checklist below as a guide, as you prepare your account.

a. **Describe** conduct that raised suspicion.
b. **Explain** whether the transaction(s) was completed or only attempted.
c. **Describe** supporting documentation (*e.g.* transaction records, new account information, tape recordings, e-mail messages, correspondence, etc.) and retain such documentation in your file for five years.
d. **Explain** who benefited, financially or otherwise, from the transaction(s), how much and how (if known).
e. **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.
f . **Describe and retain** any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, SRO, or others.
g. **Indicate** where the possible violation of law(s) took place (*e.g.*, main office, branch, other).
h. **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction.
i. **Indicate** whether there is any related litigation. If so, specify the name of the litigation and the court where the action is pending.
j. **Recommend** any further investigation that might assist law enforcement authorities.
k. **Indicate** whether any information has been excluded from this report; if so, state reasons.
l. **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.
m. **Indicate** "Market where traded" and "Wire transfer identifier" information when appropriate.
n. **Indicate** whether funds or assets were recovered and, if so, enter the dollar value of the recovery in whole dollars only.
o. **Indicate** any additional account number(s), and any foreign bank(s) account number(s) which may be involved.
p. **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.
q. **Describe** any suspicious activities that involve transfer of funds to or from a foreign country, or transactions in a foreign currency. Identify the country, sources and destinations of funds.
r. **Describe** subject(s) position if employed by the financial institution.
s. **Indicate** whether securities, futures or options were involved. If so, list the type, CUSIP® number or ISID® number, and amount.
t. **Indicate** the type of institution filing this report, if this is not clear from Part IV. For example, an investment advisor that is managing partner of a limited partnership that is acting as a hedge fund that detects suspicious activity tied in part to its hedge fund activities should note that it is operating as a hedge fund.
u. **Indicate** in instances when the subject or entity has a CRD or NFA number, what that number is.

v. **If correcting** a prior report (box 1 checked), complete the form in its entirety and note the corrected items here in Part VI.

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

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

Enter explanation/description in the space below. Continue on the next page if necessary.