

Suspicious Activity Report Form OFR-U-SAR

Incorporated by Reference in Rule 69U-100.005, F.A.C.

File this report by submitting it electronically to the Director of the Division of Financial Institutions, Florida Office of Financial Regulation at: OFRFinancialInstitutions@flofr.com

Type of Filing

1 Check all that apply.

- a. Initial report b. Correct/Amend prior report c. Continuing activity report d. Joint report
 e. If items 1b or 1c are checked, list the filing date of the prior report: _____

Part I

Subject Information

2 Check: a if entity, b if all critical subject information is unavail (does not include item 24).

3 Individual's last name or entity's legal name a. Unk <input type="checkbox"/>		4 First name a. Unk <input type="checkbox"/>		5 Middle initial	
5a Gender b. Male <input type="checkbox"/> c. Fem. <input type="checkbox"/> d. Unk <input type="checkbox"/>		6 Alternate name, e.g., AKA - individual or DBA - entity		7a NAICS Code	
8 Address a. Unk <input type="checkbox"/>		9 City a. Unk <input type="checkbox"/>		10 State a. Unk <input type="checkbox"/>	
11 ZIP/Postal Code a. Unk <input type="checkbox"/>		*12 Country code a. Unk <input type="checkbox"/>		13 TIN a. Unk <input type="checkbox"/>	
14 ZIP/Postal Code a. Unk <input type="checkbox"/>		*12 Country code a. Unk <input type="checkbox"/>		14 TIN type *(If 13 is known) a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN-ITIN c <input type="checkbox"/> Foreign	
15 Form of identification for subject: a. Unk <input type="checkbox"/> b. <input type="checkbox"/> Driver's license/state ID c. <input type="checkbox"/> Passport d. <input type="checkbox"/> Alien registration z. <input type="checkbox"/> Other _____ e. Number _____ f. Issuing State _____ g. Country _____					
16 Date of birth a. Unk <input type="checkbox"/> MM / DD / YYYY		17 Phone number - Type a <input type="checkbox"/> Home b <input type="checkbox"/> Work c <input type="checkbox"/> Mobile d <input type="checkbox"/> Fax		18 Phone number 18a Ext. (If any)	
19 E-mail address (If available)		19a Website (URL) address (If available)		20 Corroborative statement to filer? a <input type="checkbox"/> Yes b <input type="checkbox"/> No	
21 Relationship of the subject to an institution listed in Part III or IV (check all that apply) b <input type="checkbox"/> Accountant c <input type="checkbox"/> Agent d <input type="checkbox"/> Appraiser e <input type="checkbox"/> Attorney f <input type="checkbox"/> Borrower g <input type="checkbox"/> Customer h <input type="checkbox"/> Director i <input type="checkbox"/> Employee j <input type="checkbox"/> No relationship to institution k <input type="checkbox"/> Officer l <input type="checkbox"/> Owner or Controlling Shareholder z <input type="checkbox"/> Other _____ 21a Institution TIN _____					
22 If item 21h, i, k, or l is checked, indicate status of relationship a <input type="checkbox"/> Relationship continues b <input type="checkbox"/> Terminated c <input type="checkbox"/> Suspended /barred d <input type="checkbox"/> Resigned				23 Action date if 22 b, c, or d is checked MM / DD / YYYY	
24 Financial inst. TIN and acct. number(s) affected that are related to subject, if any. Check "Yes" if closed. a. No known acct. involved <input type="checkbox"/> b. Non-US Fin. Inst. <input type="checkbox"/> c. TIN _____ d. acct # _____ e. Yes <input type="checkbox"/> f. acct # _____ g. Yes <input type="checkbox"/> h. TIN _____ i. acct # _____ j. Yes <input type="checkbox"/> k. acct # _____ l. Yes <input type="checkbox"/>					
25 Subject's role in suspicious activity (If applicable) a <input type="checkbox"/> Purchaser/Sender b <input type="checkbox"/> Payee/Receiver c <input type="checkbox"/> Both a & b					

Part II Suspicious Activity Information

*27 Date or date range of suspicious activity for this report a. From: ___/___/___ b. To: ___/___/___ MM DD YYYY MM DD YYYY		26 Amount involved in this report a <input type="checkbox"/> Amt. unk. b <input type="checkbox"/> No amt. involved \$ _____ .00	
28 Cumulative amount only if box 1c is checked \$ _____ .00		When completing items 29 through 38, check all that apply.	
29. Structuring a. <input type="checkbox"/> Alters transaction to avoid BSA recordkeeping requirement b. <input type="checkbox"/> Alters transaction to avoid CTR requirement c. <input type="checkbox"/> Customer cancels transaction to avoid BSA reporting and recordkeeping requirements d. <input type="checkbox"/> Multiple transactions below BSA recordkeeping threshold e. <input type="checkbox"/> Multiple transactions below CTR threshold f. <input type="checkbox"/> Suspicious inquiry by customer regarding BSA reporting or recordkeeping requirements z. <input type="checkbox"/> Other: _____		30. Terrorist Financing a. <input type="checkbox"/> Known or suspected terrorist/terrorist organization z. <input type="checkbox"/> Other: _____	
31. Fraud (Type) a. <input type="checkbox"/> ACH g. <input type="checkbox"/> Mail b. <input type="checkbox"/> Business loan h. <input type="checkbox"/> Mass-marketing c. <input type="checkbox"/> Check i. <input type="checkbox"/> Pyramid scheme d. <input type="checkbox"/> Consumer loan j. <input type="checkbox"/> Wire e. <input type="checkbox"/> Credit/Debit card z. <input type="checkbox"/> Other f. <input type="checkbox"/> Healthcare			

- 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. Bonds/Notes
 - b. Commercial mortgage
 - c. Commercial paper
 - d. Credit card
 - e. Debit card
 - f. Forex transactions
 - g. Futures/Options on futures
 - h. Hedge fund
 - i. Home equity loan
 - j. Home equity line of credit
 - k. Insurance/Annuity products
 - l. Mutual fund
 - m. Options on securities
 - n. Penny stocks/Microcap securities
 - o. Prepaid access
 - p. Residential mortgage
 - q. Security futures products
 - r. Stocks
 - s. Swap, hybrid, or other derivative
 - z. Other (List below) _____

- 40. Were any of the following instrument type(s)/payment mechanism(s) involved in the suspicious activity? (Check all that apply)**
- a. Bank/Cashier's check
 - b. Foreign currency
 - c. Funds transfer
 - d. Gaming instruments
 - e. Government payment
 - f. Money orders
 - g. Personal/Business check
 - h. Travelers checks
 - i. U.S. Currency
 - z. Other (List below) _____

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

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 (Check only one) 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 Adviser 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 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			54 Alternate name, e.g., AKA - individual or trade name, DBA - entity		
55 TIN a. Unk <input type="checkbox"/>		56 TIN type a <input type="checkbox"/> EIN (If 55 is known) 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 <u>If no branch activity involved, check this box</u> 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

79 Filer name (Holding Co., lead fin. inst., or agency, if applicable).			80 TIN			81 TIN a <input type="checkbox"/> EIN type 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 Adviser 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 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 ____ / ____ / ____ MM DD YYYY		

