

LFF029

Form #

Account #

Branch #

FA #

PRELIMINARY SUSPICIOUS ACTIVITY REPORT (P-SAR)

Check this box if you have filed a prior report on this account

Please provide the following information in as much detail as possible. Your designated Principal (Supervisor) must review and sign this form, and then immediately submit it to the AMLCO. You may also present this form directly to the AMLCO.

Client Name and Account Number(s): _____

Address: _____

SSN or Tax ID: _____ Phone Number: _____

Relationship to Firm: Existing Account Prospective Account Former Account
 Other: _____

Date of Suspicious Activity: From _____ To _____

Dollar Amount Involved: \$ _____

Type of Suspicious Activity (check all that apply)

- Structuring/Money Laundering Bribery Check Fraud Computer Intrusion
 Terrorist Financing Counterfeit Check/Instrument Credit/Debit Card Fraud
 False Statement Wire Transfer Fraud Other (please specify) _____

Describe in detail your reasons for being suspicious (include activities that occurred, dates they occurred & dollar amounts involved, if applicable). Attach additional paperwork to include all relevant information, if necessary:

Identity Theft (someone other than the client is suspected of using or attempting to use an identity other than their own). Please provide the following information:

Who Discovered the Incident: _____ Where Incident Occurred: _____

How Incident was Discovered: _____ Were there any transactions in HFS accounts? _____

If transactions did occur, provide details: _____

Capital Access Account Compromised? Yes No If so, give Capital Access account number: _____

Additional Information: _____

Reporting Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Date Rec'd by AMLCO: _____ AMLCO Signature: _____ ID Theft Report Filed with RJ, if necessary <input type="checkbox"/> Date: _____
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