

# FinCEN Form 101

Effective May 2004

## 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)

### 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 code (If not U.S.) (See instructions)		13 E-mail address (If available)					
*14 SSN/ITIN (individual), or EIN (entity)			*15 Account number(s) affected, if any. Indicate if closed. Acc't # _____ yes <input type="checkbox"/> Acc't # _____ yes <input type="checkbox"/> Acc't # _____ yes <input type="checkbox"/> Acc't # _____ yes <input type="checkbox"/>			16 Date of birth MM / DD / YYYY					
*17 Government issued identification (If available)											
a <input type="checkbox"/> Driver's license/state ID			b <input type="checkbox"/> Passport			c <input type="checkbox"/> Alien registration			d <input type="checkbox"/> Corporate/Partnership Resolution		
e <input type="checkbox"/> Other _____											
f ID number _____						g Issuing state or country (2 digit code) _____					
18 Phone number - work ( ) -			19 Phone number - home ( ) -			20 Is individual/business associated/affiliated with the reporting institution? (See instructions)					
						a <input type="checkbox"/> Yes b <input type="checkbox"/> No					

### Part II Suspicious Activity Information

*21 Date or date range of suspicious activity From MM / DD / YYYY To MM / DD / YYYY			*22 Total dollar amount involved in suspicious activity \$ , , , .00		
23 Instrument type (Check all that apply)					
a <input type="checkbox"/> Bonds/Notes		i <input type="checkbox"/> Commodity options		q <input type="checkbox"/> Commodity type _____ (Please identify)	
b <input type="checkbox"/> Cash or equiv.		j <input type="checkbox"/> Security futures products		r <input type="checkbox"/> Instrument description _____	
c <input type="checkbox"/> Commercial paper		k <input type="checkbox"/> Stocks		s <input type="checkbox"/> Market where traded _____ (Enter appropriate three or four-letter code.)	
d <input type="checkbox"/> Commodity futures contract		l <input type="checkbox"/> Warrants		t <input type="checkbox"/> Other (Explain in Part IV)	
e <input type="checkbox"/> Money Market Mutual Fund		m <input type="checkbox"/> Other securities			
f <input type="checkbox"/> Mutual Fund		n <input type="checkbox"/> Other non-securities			
g <input type="checkbox"/> OTC Derivatives		o <input type="checkbox"/> Foreign currency futures/options			
h <input type="checkbox"/> Other derivatives		p <input type="checkbox"/> Foreign currencies			
24 CUSIP® number		25 CUSIP® number		26 CUSIP® number	
27 CUSIP® number		28 CUSIP® number		29 CUSIP® number	
*30 Type of suspicious activity:					
a <input type="checkbox"/> Bribery/gratuity		h <input type="checkbox"/> Identity theft		o <input type="checkbox"/> Significant wire or other transactions without economic purpose	
b <input type="checkbox"/> Check fraud		i <input type="checkbox"/> Insider trading		p <input type="checkbox"/> Suspicious documents or ID presented	
c <input type="checkbox"/> Computer intrusion		j <input type="checkbox"/> Mail fraud		q <input type="checkbox"/> Terrorist financing	
d <input type="checkbox"/> Credit/debit card fraud		k <input type="checkbox"/> Market manipulation		r <input type="checkbox"/> Wash or other fictitious trading	
e <input type="checkbox"/> Embezzlement/theft		l <input type="checkbox"/> Money laundering/Structuring		s <input type="checkbox"/> Wire fraud	
f <input type="checkbox"/> Commodity futures/options fraud		m <input type="checkbox"/> Prearranged or other non-competitive trading		t <input type="checkbox"/> Other (Describe in Part VI)	
g <input type="checkbox"/> Forgery		n <input type="checkbox"/> Securities fraud			

**Part III Law Enforcement or Regulatory Contact Information**

**2**

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

- |   |   |   |   |
|---|---|---|---|
| a <input type="checkbox"/> DEA                  | f <input type="checkbox"/> Secret Service | k <input type="checkbox"/> NYSE   | p <input type="checkbox"/> State securities regulator |
| b <input type="checkbox"/> U.S. Attorney (**32) | g <input type="checkbox"/> CFTC           | l <input type="checkbox"/> Other RFA  | q <input type="checkbox"/> Foreign                    |
| c <input type="checkbox"/> IRS                  | h <input type="checkbox"/> SEC            | m <input type="checkbox"/> Other RE-futures (CME, CBOT, NYMEX, NYBOT)         | r <input type="checkbox"/> Other (Explain in Part VI) |
| d <input type="checkbox"/> FBI                  | i <input type="checkbox"/> NASD           | n <input type="checkbox"/> Other state/local                                  |   |
| e <input type="checkbox"/> ICE                  | j <input type="checkbox"/> NFA            | o <input type="checkbox"/> Other SRO-securities (PHLX, PCX, CBOE, AMEX, etc.) |   |

32 Other authority contacted (for Item 31 l through r) ** List U.S. Attorney office here.	33 Name of individual contacted (for all of Item 31)
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34 Telephone number of individual contacted (Item 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 NFA ID number
	0  0  8  -	

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 <input type="checkbox"/> Agricultural trade option merchant | j <input type="checkbox"/> IA                               | s <input type="checkbox"/> Securities dealer                  |
| b <input type="checkbox"/> Affiliate of bank holding company  | k <input type="checkbox"/> Investment company - mutual fund | t <input type="checkbox"/> Securities floor broker            |
| c <input type="checkbox"/> CPO                                | l <input type="checkbox"/> Market maker                     | u <input type="checkbox"/> Securities options broker-dealer   |
| d <input type="checkbox"/> CTA                                | m <input type="checkbox"/> Municipal securities dealer      | v <input type="checkbox"/> SRO-securities                     |
| e <input type="checkbox"/> Direct participation program       | n <input type="checkbox"/> NFA                              | w <input type="checkbox"/> Specialist                         |
| f <input type="checkbox"/> FCM                                | o <input type="checkbox"/> RE-futures                       | x <input type="checkbox"/> Subsidiary of bank                 |
| g <input type="checkbox"/> Futures floor broker               | p <input type="checkbox"/> Other RFA                        | y <input type="checkbox"/> U.S. Government broker-dealer      |
| h <input type="checkbox"/> Futures floor trader               | q <input type="checkbox"/> Securities broker - clearing     | z <input type="checkbox"/> U.S. Government interdealer broker |
| i <input type="checkbox"/> IB-C                               | r <input type="checkbox"/> Securities broker - introducing  | aa <input type="checkbox"/> 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

**Send completed reports to:**

**Detroit Computing Center  
Attn: SAR-SF  
P.O. Box 33980  
Detroit, MI 48232**

**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 IA 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 in Item 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.

Tips on SAR form preparation and filing are available in the SAR Activity Review at [www.fincen.gov/pub\\_reports.html](http://www.fincen.gov/pub_reports.html)  
Enter explanation/description in the space below. Continue on the next page if necessary.

