



CHECK CASHING ANTI-MONEY LAUNDERING INDEPENDENT REVIEW

A SEPARATE INDEPENDENT REVIEW FORM WILL BE REQUIRED FOR EACH PHYSICAL LOCATION AND IS TO BE COMPLETED BY THE COMPANY'S DESIGNATED AML COMPLIANCE OFFICER, MANAGER, OR OWNER. PLEASE ATTACH A COPY OF YOUR MOST CURRENT WRITTEN BANK SECRECY ACT/ANTI-MONEY LAUNDERING COMPLIANCE PROGRAM AS WELL AS ALL DOCUMENTS AS INDICATED BELOW. SUBMIT THIS COMPLETED FORM AND REQUESTED INFORMATION TO THE BSA DEPARTMENT OF MBOC. ALL INFORMATION WILL BE REVIEWED AND WRITTEN RESULTS AND RECOMMENDATIONS WILL BE FORWARDED BACK TO THE COMPANY'S AML DESIGNATED COMPLIANCE OFFICER. REFER TO MASTER SERVICE AGREEMENT WITH MBOC PERTAINING TO THE BANK'S USE OF THE INFORMATION BEING REQUESTED AND THE REQUIREMENT OF THE BANK'S CUSTOMER TO COMPLY.

Business/Owner's Name:	
Business DBA/Trade Name:	
Number of years in Business for this Location:	Number of Additional Locations:
Location Address:	
What days of the week is this business location open? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
What are the business hours?	
Name of BSA Compliance Officer:	
Number of years Compliance Officer has been working for Business:	

1. What types of financial services is provided at this location:

- | | | |
|---|---|---|
| <input type="checkbox"/> Receive Money Remittance | <input type="checkbox"/> Check Cashing | <input type="checkbox"/> Sell Prepaid Debit/Phone Cards |
| <input type="checkbox"/> Send Money Remittance | <input type="checkbox"/> Currency Exchanges | <input type="checkbox"/> Electronic Bill Pay |
| <input type="checkbox"/> Sell Money Orders | <input type="checkbox"/> Sell Traveler's checks | <input type="checkbox"/> Payday Lending |

2. What other types of businesses are conducted at this location (grocery, liquor sales, insurance, tax preparation, etc.):

3. How many employees are at this location? _____

4. Are there files for each employee, which include criminal background checks? Yes No.

a. If "No" write down the reason(s) why there are no documented employee files/what is the hiring process:

5. Does the business have a fee schedule posted for MSB services? Yes No

a. If "No" indicate the reason why not:



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6. Has BSA/AML training been completed for all appropriate employees including the Compliance Officer within the last 12 months? Yes No
- a. If "Yes" provide copies of all current BSA/AML training logs and training material
 - b. If "No" provide written explanation as to why no current BSA/AML training was performed for all appropriate employees or why copies of all current BSA/AML training logs and training material is not available.

7. Has this location been examined by State/IRS Examiners? Yes No (skip to question 8).
- a. If "Yes" date of last State/IRS Examination: _____ (attach copy of results)
 - b. If "Yes", were all recommendations completed? Yes No.
If "No" indicate the reason(s) why each recommendation was not completed

8. Has this location been examined within the last 12 months by all of the Business' MSB Principal(s) for agent services? Attach copies of the MSB Principal(s) AML independent review forms. Yes No N/A
- a. If "Yes", were all recommendations completed? Yes No.
 - b. If the answer to questions 6 or 6a. are "No" indicate the date the last independent AML review was completed by each MSB Principal- include the name of the MSB Principal and or why previous or current recommendations were not completed.



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9. How do you know that employees have accounted for all cash and that the cash/checks are either deposited into the bank or kept in the safe? Indicate where in the business' BSA/AML Compliance Program this information is located or describe in writing the controls in place, if a formal written process is not available.

10. What is this location's system in determining if a transaction that meets BSA filing requirements is detected (e.g., how you would find more than one transaction conducted by a single person in a 24 hour period)?

11. What is this location's process to prevent a customer from making transactions for someone, no one knows, or for other customers?



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12. What is this location's process for reporting suspicious activities (only check cashing is not required to file SAR-MSBs)?

13. Does this location conduct transactions for customers who do not live or work locally (within city limits of business location)? Yes No

a. If "Yes" provide written explanation as to who these customers are and why this location offers services to customers that do not live/work in the area:

14. Does this location cash checks for customers who do not have ID? Yes No

a. If "Yes" is there, any restrictions on what type of check can be cashed. Describe internal controls

b. If "No", what type of ID is required to cash a check for the first time at this location?

15. Does this location cash checks for any person who is not the named payee on the checks? Yes No

a. If "Yes", indicate the reason in detail:



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16. How are ID records kept (digitally, scanned, paper copy), where are they stored and how long before destroyed?

17. How do you ensure that all the required ID records are complete for each new customer?

18. ID's expire so what is this location's process to verify the ID of a regular customer?

19. What is this location's process for handling a check that is over \$10,000 (Currency Transaction Reporting)?



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20. Does this location temporarily hold funds for customers that are not recorded in the records? Yes No

a. If "Yes", indicate the reason and who the customers are in detail:

21. Does this location make payments on behalf of your customers (outside of agent services)? Yes No

a. If "Yes", indicate the reason in detail and if this is regular transactions:

22. Does this location accept checks/negotiable instruments from other MSBs or have ever loaned another MSB currency or other funds or borrowed from another MSB? Yes No

a. If "Yes", indicate the reason in detail and if this is regular transactions:

23. Does this location deposit all the cashed checks from the day's sales into the bank on the same day? Yes No

a. If "No", indicate the reason in detail:



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24. Does this location physically transport currency or monetary instruments into or out of the United States?
 Yes No
- a. If "Yes", How is the currency transported, who are your customers, what are your fees, how do you record these transactions and please provide confirmations that CMIR reports have been filed:

25. Does this location mail or take currency or monetary instruments from customers/sources outside the United States?
 Yes No
- b. If "Yes", Who are your customers, what are your fees, how do you record these transactions and please provide confirmations that CMIR reports have been filed:



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Certification

I CERTIFY, UNDER PENALTY OF PERJURY, UNDER ANY AND ALL APPLICABLE FEDERAL AND STATE LAWS, THAT: The undersigned represent(s) that all statements contained in this form and in the other documentation pertaining to business name and address listed below which are being submitted in support of this form are true and correct. The person signing this form further represents that s/he is authorized to make the above representations, and if applicable, is an authorized representative of named business.

Business/Owner's Name:
Business DBA/Trade Name:
Location Address:



Signature of the AML Compliance Officer/Owner/Manager

Printed Name

Full Title/Position in Company

Date Completed