

[NAME OF FINANCIAL INSTITUTION/CREDITOR]

**Identity Theft Prevention Program**

**Risk Assessment Form**

*The Company's Identity Theft Prevention Program must contain reasonable policies and procedures designed to detect, prevent and mitigate identity theft in connection with the origination and/or maintenance of all Covered Accounts.*

*This form is intended to assist the Red Flags Manager in determining whether the Company offers or maintains "Covered Accounts" that must be addressed in the Company's Identity Theft Prevention Program. In making this determination, the Red Flags Manager should consider:*

- (1) The methods the Company provides to open its accounts;*
- (2) The methods the Company provides to access its accounts; and*
- (3) The Company's previous experiences with identity theft.*

**"Covered Account"** means:

- An account that a Company offers or maintains, primarily for personal, family or household purposes, that involves or is designed to permit multiple payments or transactions, such as a loan or line of credit; and*
- Any other account that the creditor offers for which there is a reasonably foreseeable risk to customers or to the financial safety and soundness of the creditor from identity theft.*

*For the purposes of this risk assessment, all of the Company's consumer accounts are "Covered Accounts." Commercial accounts will be Covered Accounts to the extent the Company determines they present a **reasonably foreseeable** risk of identity theft.*

*Use one table to document each type of account the Company offers or maintains. Copy the blank table on the next page as many times as necessary to address all of the Company's accounts.*

Covered Account?	Type of Transaction
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p><b>What risk factors are associated with this type of transaction?</b></p> <ul style="list-style-type: none"> <li>• Methods Provided to Open Account: _____                      _____                      _____</li> <li>• Methods Provided to Access Account: _____                      _____                      _____</li> <li>• Previous Experiences with Identity Theft? _____                      _____                      _____</li> </ul> <p><b>Is this type of transaction a Covered Account?</b></p> <p>(1) Is this transaction primarily for personal, family or household purposes?                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(2) Does this transaction involve, or is this account designed to permit, multiple payments?                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If your answer is "Yes" to both of the above questions, this type of transaction is a Covered Account. If your answer is "No" to either of the above questions, go to question (3).</i></p> <p>(3) Is there a reasonably foreseeable risk to customers or to the financial safety and soundness of the creditor from identity theft?                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If your answer to this question is "Yes," this type of transaction is a Covered Account.</i></p> <p><i>If your answer to this question is "No," please explain why you believe that this type of transaction does not create a reasonably foreseeable risk to customers or to the financial safety and soundness of the creditor from identity theft.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

**Identity Theft Prevention Program Risk Assessment [NAME OF FINANCIAL INSTITUTION/CREDITOR]**

[Date]

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Name: \_\_\_\_\_ [Red Flags Manager]

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[NAME OF FINANCIAL INSTITUTION/CREDITOR]

Identity Theft Prevention Program

Customer Identification Checklist

1. Is this customer an individual or a business?

Individual  Business

2. Customer Contact Information

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

DOB (Individual Customer Only) \_\_\_\_\_

For Business Customer Only:

Corporation  Partnership  Trust  Sole Proprietorship  Other

3. Customer Identification Documents

**Individual**

- U.S. Passport  
Date of Issue: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Number: \_\_\_\_\_
- U.S. Driver's License  
State of Issue: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Number: \_\_\_\_\_
- U.S. Department of Defense ID  
Date of Issue: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Number: \_\_\_\_\_
- Other  
Describe: \_\_\_\_\_

**Business**

- Photo ID provided?  Yes  No
- Certified Articles of Incorporation
- Corporate Resolution Authorizing Transaction
- Government-Issued Business License
- Partnership Agreement
- Trust Instrument
- Other (describe): \_\_\_\_\_

**4. Automated Fraud Detection Services**

[Insert verification information from third party fraud detection services, if utilized]

**5. Verification**

I have examined the document(s) presented by the above-named customer and that the above-listed document(s) appear to genuine and related to the named customer. *[If the employee completing this form cannot make this certification, the Red Flags Manager must approve the transaction. If the employee completing this form can make this certification, the Red Flags Manager's approval is not required]*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**5. Was this Customer Identification Checklist reviewed by the Red Flags Manager?**

Yes     No

*If you answered "Yes," please complete the following information:*

Name of Red Flags Manager: \_\_\_\_\_

Customer Identification Approved?     Yes     No

Additional Action?     Yes     No

*If additional action was taken, please describe the action here:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Red Flags Manager: \_\_\_\_\_

Date: \_\_\_\_\_

[NAME OF FINANCIAL INSTITUTION/CREDITOR]

**Identity Theft Prevention Program**

**Identity Theft Incident Report**

*This Identity Theft Incident Report may be used to document all incidents of identity theft. This report is intended to assist in understanding why an incident of identity theft occurred and in improving the response to future incidents of identity theft. Include all completed Identity Theft Incident Reports with the Annual Report*

Name of Person Making Report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**1. Describe the incident of identity theft.** \_\_\_\_\_

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**2. Describe the response to the incident of identity theft.** \_\_\_\_\_

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**3. Has the Company's Identity Theft Prevention Program been updated in light of this incident of identity theft?**  Yes  No

**Please describe any update or explain why no update was necessary.** \_\_\_\_\_

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**4. Was this report reviewed or completed by the Red Flags Manager?**

Yes       No

Name of Red Flags Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

[NAME OF FINANCIAL INSTITUTION/CREDITOR]

Identity Theft Prevention Program

Annual Report

*This report should be completed by the Red Flags Manager or other designated staff. It must be completed at least annually.*

**This Annual Report covers the period of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.**

**PART I**

*Risk Assessment*

- Yes  No      Periodic risk assessments were performed during this period to assess new risks of identity theft in connection with covered accounts.
- Yes  No      Periodic risk assessments were performed during this period to assess whether the Company is offering new accounts that should be covered by the Company's Identity Theft Prevention Program.

*Training and Monitoring*

- Yes  No      All relevant employees have been trained during this report period on their specific obligations under the Company's Identity Theft Prevention Program.
- Yes  No      Based on my review of the Program and observations of the Company's records and employees, it appears that all relevant employees are adhering to the Company's Identity Theft Prevention Program.

*Identifying Red Flags and Incidents of Identity Theft*

- Yes  No      During this report period, every red flag identified in an account origination or maintenance transaction was adequately detected and addressed.
- Yes  No      An Identity Theft Incident Report was filed for each significant incident of identity theft that occurred during this report period.
- Yes  No      During this report period, all submitted Identity Theft Incident Reports were filled out completely and accurately.

*Responding to Red Flags and Incidents of Identity Theft*

Yes  No During this report period, all red flags included in the Company's Identity Theft Prevention Program was adequately detected and mitigated.

Yes  No During this report period, every incident of identity theft was adequately detected and mitigated.

*Updating Identity Theft Prevention Program*

Yes  No All necessary updates have been made to the Identity Theft Prevention Program.

*If you checked "No" for any of the above items, please explain in detail:* \_\_\_\_\_

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**PART II**

Please consider the following in your responses to the questions below:

- The Company's recent experiences with identity theft, if any
- Changes in methods of identity theft about which you are aware
- Changes in methods to detect, prevent and mitigate identity theft about which you are aware
- Changes in the types of accounts the Company offered or maintained during this reporting period
- Changes in the Company's business arrangements, including mergers, acquisitions, alliances, joint ventures and service provider arrangements.

Please describe your objective opinion of the overall effectiveness of the Company's Identity Theft Prevention Program in addressing the risks of identity theft: \_\_\_\_\_

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Please describe any new service provider arrangements that you have determined require oversight under the Company's Identity Theft Prevention Program: \_\_\_\_\_

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Please describe any changes you recommend be made to the Company's Identity Theft Prevention Program to improve its overall effectiveness: \_\_\_\_\_

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***Please attach all Identity Theft Incident Reports completed for this review period to this Annual Report in Schedule A.***

By signing below, I certify that I have reviewed the Company's Identity Theft Prevention Program and verified the Company's compliance with the Program.

Name: \_\_\_\_\_ [Red Flags Manager]

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Schedule A**

**Identity Theft Incident Reports**

\_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_