



***EFFECTIVE DATE: August 19, 2022***

**The Board of Governors of the Federal Reserve System has adopted final [Guidelines for Evaluating Account and Services Requests](#). The Guidelines became effective on August 19, 2022. These Guidelines are applicable to all Federal Reserve account and financial services requests and supersede the New York Fed’s Account and Financial Services Handbook for considering such requests. The adoption of the Guidelines does not relieve existing New York Fed customers of their obligations under the Handbook or under terms governing the account and services relationship with the New York Fed.**

**Federal Reserve Bank of New York (“FRBNY”) Know Your Customer (“KYC”) Questionnaire**

Any information, including information contained in this due diligence questionnaire, obtained by a Federal Reserve Bank in connection with the institution’s application for or use of a Master Account with or access to Financial Services (as such terms are defined in the Federal Reserve Banks’ Operating Circular 1, *Account Relationships* (“OC 1”)) from a Federal Reserve Bank may be used or disclosed by a Federal Reserve Bank in a manner consistent with section 7.3 of OC 1.

**1. General Information:**

<b>Name of institution (the “institution”):</b>	
<b>Street address:</b>	
<b>City:</b>	<b>State/Territory:</b>
<b>Zip code:</b>	<b>Telephone No.:</b>
<b>Routing No.:</b>	<b>TIN:</b>
<b>Jurisdiction of organization:</b>	
<b>Licensing/chartering authority:</b>	

<b>Type of license/charter:</b>	
<b>Year organized:</b>	<b>Year Licensed:</b>
<b>Is your institution any of the following types of entities?</b> <input type="checkbox"/> <b>An industrial bank, industrial loan company, or other similar institution, as defined in section 2(c)(2)(H) of the Bank Holding Company Act (12 U.S.C. § 1841(2)(c)(2)(H)).</b> <input type="checkbox"/> <b>An institution that: became a bank on August 10, 1987 as a result of enactment of the Competitive Equality Banking Act of 1987 (Pub. L. 100-86); and was not controlled by a bank holding company on August 9, 1987.</b> <input type="checkbox"/> <b>None of the above.</b>	
<b>Primary regulator:</b>	
<b>Contact at primary regulator:</b>	
<b>Date of last examination of your institution by its primary regulator:</b>	
<b>Today's date:</b>	

<b>1b. Bank Secrecy Act ("BSA")/Anti-Money Laundering ("AML") and U.S economic sanctions program.</b>
<p><b>1b.1. Does your institution have BSA/AML and U.S. economic sanctions policies and procedures consistent with U.S. laws and regulations to prevent, detect and report money laundering, terrorist financing and economic sanctions violations?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, please provide an English copy of these policies and procedures.</b></p> <ul style="list-style-type: none"> <li><b>Are your institution's BSA/AML and U.S. economic sanctions policies and procedures approved by your institution's senior management?<sup>1</sup></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>If yes, please provide a copy of senior management's approval.<sup>2</sup></b></p> <ul style="list-style-type: none"> <li><b>Are the BSA/AML and U.S. economic sanctions policies and procedures updated at least annually?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>

<sup>1</sup> FRBNY understands that the term "senior management" may vary across institutions, but, generally, it should include the institution's senior leadership, executives and/or its board of directors or managers.

<sup>2</sup> This approval should be accompanied by a certification from the institution's corporate secretary, assistant corporate secretary or officer of equal or higher rank attaching a copy of the senior management's approval and certifying that attached document is true, correct and complete copy of the senior management's approval of the institution's BSA/AML and U.S. economic sanctions policies and procedures.

**If you answered no to any of the above , kindly explain:**

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**1b.2 Does your institution have a program that sets BSA/AML and U.S. economic sanctions requirements for the following areas?**

- **Suspicious Activity Reporting**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

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**If no, kindly explain:**

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- **Currency Transaction Reporting**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

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**If no, kindly explain:**

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- **Terrorist Property Reporting**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

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**If no, kindly explain:**

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- **Customer Due Diligence (“CDD”), including verifying the identity of your customers and the ultimate beneficial owner and control of your customers and assessing customer risk.**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

- **Enhanced Due Diligence (“EDD”), including measures taken to identify higher risks customers, products, services, channels and geographies served.**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Independent Testing of BSA/AML and U.S. economic sanctions programs**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Risk based approach for periodic reviews of your customers’ KYC profiles**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_  
\_\_\_\_\_

- **Risk assessment of your customers, products, delivery channels and geographies served**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_

- **U.S. economic sanctions, including OFAC screening processes and U.S. economic sanctions list management**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Screening (initial and ongoing), including name screening, screening to identify Politically Exposed Persons, negative news/adverse information screening and transaction screening**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_

\_\_\_\_\_

- **Training and Education**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

\_\_\_\_\_

**If no, kindly explain:**

\_\_\_\_\_

\_\_\_\_\_

- **Transaction Monitoring**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

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**If no, kindly explain:**

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- **Trigger Events – processes and procedures to update material changes to your customers' KYC profiles on an ongoing basis when those changes occur outside of periodic reviews e.g. changes to beneficial ownership**

☐ Yes ☐ No

**If yes, list the document reference and section where this is addressed:**

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**If no, kindly explain:**

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**1c. Anti-Bribery and Corruption (“ABC”). Does your institution’s internal risk assessment include the following risk components?**

- **An assessment of the potential liability created by intermediaries and/or other third-party providers**

☐ Yes ☐ No

- **An assessment of the corruption risks associated with the countries and/or industries in which you institution does business, directly or through intermediaries**

☐ Yes ☐ No

**If you answered no to any of the above, kindly explain:**

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## 2. Personnel

**2a. Please provide the name and contact information of your institution’s officers. If your institution has 5 or fewer personnel, please include all personnel:**

<b>Name:</b>		<b>Title:</b>
<b>Street address:</b>		
<b>City:</b>		<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>	
<b>How long has this individual been employed with the institution? (<i>If less than 2 years, please state previous employment.</i>)</b>		

<b>Name:</b>		<b>Title:</b>
<b>Street address:</b>		
<b>City:</b>		<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>	
<b>How long has this individual been employed with the institution? (<i>If less than 2 years, please state previous employment.</i>)</b>		

<b>Name:</b>		<b>Title:</b>
<b>Street address:</b>		
<b>City:</b>		<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>	
<b>How long has this individual been employed with the institution? (<i>If less than 2 years, please state previous employment.</i>)</b>		

<b>Name:</b>		<b>Title:</b>
<b>Street address:</b>		
<b>City:</b>		<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>	
<b>How long has this individual been employed with the institution? (<i>If less than 2 years, please state previous employment.</i>)</b>		

<b>Name:</b>		<b>Title:</b>
<b>Street address:</b>		
<b>City:</b>		<b>Country:</b>

<b>Telephone No.:</b>	<b>Email address:</b>
<b>How long has this individual been employed with the institution? (<i>If less than 2 years, please state previous employment.</i>)</b>	

<b>2b. Please provide the name and contact information of your institution's principal BSA/AML compliance and U.S. economic sanctions compliance officer(s):</b>	
<b>Name:</b>	<b>Title:</b>
<b>Street address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone No.:</b>	<b>Email Address:</b>
<b>Amount of time in this position: (<i>If less than 2 years, please state previous employment.</i>)</b>	

<b>Name:</b>	<b>Title:</b>
<b>Street address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>
<b>Amount of time in this position: (<i>If less than 2 years, please state previous employment.</i>)</b>	

<b>2c. Please provide the name and contact information of any other relevant directors:</b>	
<b>Name:</b>	<b>Title:</b>
<b>Street address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>
<b>Amount of time in this position: (<i>If less than 2 years, please state previous employment.</i>):</b>	

<b>Name:</b>	<b>Title:</b>
<b>Street address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>
<b>Amount of time in this position: (<i>If less than 2 years, please state previous employment.</i>)</b>	

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<b>Name:</b>	<b>Title:</b>
<b>Street address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>
<b>Amount of time in this position: (If less than 2 years, please state previous employment.)</b>	

<b>Name:</b>	<b>Title:</b>
<b>Street address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone No.:</b>	<b>Email address:</b>
<b>Amount of time in this position: (If less than 2 years, please state previous employment.)</b>	

**2d. In addition to providing information for questions 2a – 2c, please provide the most recent organization chart that illustrates the names, reporting structure, and job descriptions for all the employees at the institution.**

### 3. Structure/Organization

<b>3a. Please describe your institution's current and expected legal entity organizational structure, including the relationship between and among your institution and any financial group, parent, or primary affiliate:</b>

<b>3b. Does your institution have a physical presence in the United States (including territories of the United States) at which it: (i) is authorized to conduct banking activities, (ii) employs at least one full-time employee, (iii)</b>
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<p><b>maintains operating records related to its banking activities, and (iv) is subject to inspection by the banking authority that licensed it?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>If yes, please provide the address of the physical entity in the U.S.: (if more than one, please provide the address of the primary location):</b></p>
<p><b>If no, please explain and provide the physical address, if any, of your institution:</b></p>

<p><b>3c. Has your institution and/or its parent merged with, consolidated with or otherwise acquired substantially all of the assets of another institution in the last 5 years? If so, please indicate the name(s) of the institution(s) involved and describe the nature of the transaction.</b></p>

<p><b>3d. Have there been any material changes in the ownership (e.g., investors) and/or in the ownership levels of the institution or its parent? If so, please identify those ownership changes along with the amount of investment sold and/or acquired and dates on which they occurred.</b></p>

<p><b>3e. Has your institution and/or its parent changed its name in the last 5 years? If so, please list any previous name(s) and the date(s) of the name change.</b></p>

<p><b>3f. Provide the full legal name of each of the institution's direct and indirect parent(s):</b></p>
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<b>Chartering/licensing jurisdiction of each direct and/or indirect parent:</b>
<b>Type of license/charter of each direct and/or indirect parent:</b>
<b>Name of supervisory authority of each direct and/or indirect parent:</b>
<b>Jurisdictions where each direct and/or indirect parent operates:</b>
<b>Please briefly describe the business activities of each of the institution's direct and/or indirect parent(s):</b>

<b>3g. Please provide the names of your institution's primary affiliates and the jurisdictions where they are chartered/licensed and any other jurisdictions where they operate:</b>

#### 4. Ownership Information

<b>4a. Is your institution and/or its parent owned, in whole or in part, by a government?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, by what government?</b>
<b>Percentage of government ownership:</b>

<b>4b. Is your institution and/or its parent traded on an exchange?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, on what exchange?</b>
<b>Wholly or to what extent?</b>

<b>4c. Is your institution and/or its parent privately owned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, provide percentage of private ownership:</b>

**4d. Please provide us with a list of the beneficial owners<sup>3</sup> of your institution and its direct and indirect parent(s), if any. This list should indicate each beneficial owners' respective percentage of ownership. Please also complete *Appendix A - Certification of Beneficial owner(s)*.**

**Members of the same family<sup>4</sup> are considered one person for calculating percentage ownership (however, each must be listed separately by name and ownership level).**


**4e. To your knowledge, has your institution, its direct and/or indirect parents, any of their respective beneficial owners<sup>5</sup>, including any senior management, and/or any of their respective directors ever been convicted of a criminal offense or been the subject of a deferred prosecution agreement, non-prosecution agreement (or other similar nonadjudicated resolution), or civil or criminal forfeiture action, in each case, relating to money laundering, drug trafficking, corruption, terrorism, or fraud?**

☐ Yes ☐ No

**If yes, please explain and indicate the jurisdiction in which the incident occurred:**


## 5. Customer Information

<sup>3</sup> "Beneficial Owner" means each of the following: (a) Each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or more of the equity interests of a legal entity; (b) A single individual with significant responsibility to control, manage, or direct a legal entity customer, including (i) An executive officer or senior manager (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or (ii) Any other individual who regularly performs similar functions; or (c) If a trust owns directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, any equity interests of a legal entity, the beneficial owner for purposes of paragraph (a) of this definition shall mean the trustee.

<sup>4</sup> For purposes of this question, "family" means parents, spouses, children, siblings, uncle, aunts, grandparents, grandchildren, first cousins, stepchildren, stepsiblings, parents-in-law, and spouses of any of the foregoing.

<sup>5</sup> See footnote 3 for definition of "beneficial owner".

**5a. If your customer base includes customers that are organized or located in foreign jurisdictions, please list those jurisdictions and identify the jurisdictions in which your institution has the largest concentrations of customers:**


**5b. Does your institution provide, and/or expect to provide, correspondent banking or similar services to any of the following?**

- domestic banks or other domestic financial institutions ☐ Yes ☐ No
- foreign banks or other foreign financial institutions ☐ Yes ☐ No
- money services businesses<sup>6</sup> (“MSBs”) (including casas de cambio, currency exchanges and/or money transmitters) ☐ Yes ☐ No

**If you answered yes to any of the above, complete the *Appendix B – Correspondent Banking Due Diligence Questionnaire*.**

**5c. Does your institution provide, and/or expect to provide, payable-through account<sup>7</sup> services to your bank customers?**

☐ Yes ☐ No

**If yes, please explain:**


**5d. Does your institution provide, and/or expect to provide banking services, to:**

- State licensed or state chartered credit unions, cooperativas, and/or state licensed or state chartered banks that do not have National Credit Union

<sup>6</sup> Money service businesses include the U.S. Postal Service and five distinct types of financial services providers: (1) dealers in foreign exchange; (2) check cashers; (3) issuers or sellers of traveler’s checks or money orders; (4) providers or sellers of prepaid access; and (5) money transmitters.

<sup>7</sup> Payable Through Accounts (*PTA*) - A way for a foreign financial institution to provide their customers with access to the U.S. banking system through the foreign financial institution’s account at a U.S. bank. The foreign financial institution provides its customers, commonly referred to as “subaccount holders,” with checks that allow them to draw funds from the foreign financial institution’s account at the U.S. bank. Also known as “pass-through” or “pass-by” accounts.

<p><b>Administration (“NCUA”) or Federal Deposit Insurance Corporation (“FDIC”) insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>  <b>(If currently providing such services, please provide the name of such credit union(s), cooperativa(s) and/or bank(s) to which your institution is providing services.)</b></p>
<p>• <b>International Banking Entities (“IBEs”) and/or International Financial Entities (“IFE”)?:<sup>8</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No</b>  <b>(If currently providing services, please provide the name of the IBE(s) and/or IFE(s) to which your institution is providing services.)</b></p>

<p><b>5e. Does your institution provide, or expect to provide, banking services to non-bank financial institutions (e.g., MSBs including casas de cambio, currency exchanges and money transmitters; casinos; card clubs; insurance companies; loan or finance companies; broker-dealers; and/or dealers in precious metals, stones and/or jewels).</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>If yes, approximately how many and what types of non-bank financial institutions?</b></p>

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<sup>8</sup> IBEs/IBEs include institutions that are licensed, organized or operated under the laws of Puerto Rico or the U.S. Virgin Islands.

**5f. Does your customer base include, and/or do you expect it to include, customers that are foreign financial institutions, including banks and non-bank financial institutions (e.g., MSBs including casas de cambio, currency exchanges, and money transmitters; casinos; card clubs; insurance companies; loan or finance companies; broker-dealers; and/or dealers in precious metals, stones and/or jewels)?** ☐ Yes ☐ No

**If yes, please provide information about these customers (e.g., the number and type of customers, the jurisdiction where each customer operates, and the nature of the affiliation (if any) to the institution).**


**5g. If your institution provides or will provide service to foreign MSBs, provide answers to the following questions:**

- **Approximately how many and what types of foreign MSBs does your institution provide and/or expect to provide banking services?**


- **Does your institution verify that foreign MSBs are properly licensed and registered?** ☐ Yes ☐ No

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- **Does and/or will your institution do business with foreign MSBs that are not licensed or registered?** ☐ Yes ☐ No

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- **Please describe your institution's due diligence procedures for opening accounts for foreign MSBs:**


**5h. Does your institution provide, or expect to provide, banking services to current or former senior officials in the executive, legislative, administrative, military and/or judicial branches of a foreign government, their immediate family, and/or entities in which they are beneficial owners (collectively "PEPs")?**

<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please describe your institution's due diligence procedures for opening accounts for PEPs:</b>

<b>5i. Does your institution provide, or expect to provide, accounts and/or services to non-resident aliens ("NRAs") and/or other foreign individuals?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>

<b>5j. Does your institution provide, or expect to provide, services and/or accounts to foreign and/or domestic companies, particularly offshore companies (such as domestic shell companies and private investment companies ("PICs")) and/or international business corporations ("IBC") located in higher-risk geographic locations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please identify type of customer:</b>

<b>5k. Does your institution provide, or expect to provide, services and/or accounts to deposit brokers, particularly foreign deposit brokers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>

<b>5l. Does your institution provide, or expect to provide, services and/or accounts to cash-intensive businesses (e.g., convenience stores, restaurants, retail stores, liquor stores, cigarette distributors, private ATM owners, vending machine operators, and/or parking garages)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If yes, please identify type of cash-intensive customer:</b>

<b>5m. Does your institution provide, or expect to provide, services and/or accounts to foreign or domestic non-governmental organizations or charities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>

<b>5n. Does your institution provide, or expect to provide, services and/or accounts to professional service providers (e.g., attorneys, accountants, doctors and/or real estate brokers)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>

## 6. Banking Activities

<b>6a. Please provide a general description of your institution's banking activities. Your description must indicate whether your institution makes loans, and if not, why it does not make loans.</b>
<b>6b. Do your institution's authorizing document(s) (e.g., license or charter), organizational document(s) (e.g., organization certificate or certificate of formation), and/or governance document(s) (e.g., operating agreement or by-laws) impose any limitations on the banking services that the institution may provide? For example: (i) Are there limitations on providing services to</b>

residents of the jurisdiction of the institution's incorporation/formation? (ii)  
Are there limitations on the institution's ability to make loans?

☐ Yes ☐ No

If yes, please explain:

6c. Are deposits received by your institution carried on the books and records of an office of your institution located in the United States (including territories of the United States)?

☐ Yes ☐ No

If no, please explain:

6d. Are deposits received by your institution payable in the United States (including territories of the United States)?

☐ Yes ☐ No

If no, please explain:

6e. Please provide information regarding, the nature of business, customer base and markets you serve. Please include your institution's current or expected activities, including primary business lines, products and services, areas of focus or concentration, and geographic locations and markets served:

6f. Does your institution currently have correspondent relationships?

☐ Yes ☐ No

If yes, please list the correspondents and describe all the services provided by each correspondent.


<b>6g. Has your institution been denied a request to establish a correspondent relationship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide the name of the institution and the reason for denial.</b>

<b>6h. Has your institution been derisked from any existing correspondent relationship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide the name of the institution, the date and reason for the derisking.</b>

<b>6i. Other than activities that you have already identified in this questionnaire, is your institution permitted under its license to engage in activities that would be principally conducted by nonbank financial institutions (e.g., asset management, hedge fund, private equity, broker-dealer, and/or insurance activities)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>

<b>6j. Is your institution engaged in an internet gambling business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>

## 7. Current and/or Expected Activity

<b>7a. Please provide a general description of your institution's current and/or expected use of FRBNY accounts or Federal Reserve financial services, including whether your institution has or will seek access to the Fedwire® Funds Service, Fedwire Securities Service, National Settlement Service, FedACH®, check services, or cash services.</b>

<b>7a. Please provide your institution's expected quarterly offline funds transfer activity for the next three years.</b>		
<b>Quarter</b>	<b>Volume:</b>	<b>Dollar Amount:</b>
<b><u>Year 1</u></b>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		
<b><u>Year 2</u></b>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		
<b><u>Year 3</u></b>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		

<b>7b. If your institution has and/or is granted a Master Account, will it request online access to the Fedwire® Funds Service*?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently have this service
<b>If you check yes or your institution currently has online access to the Fedwire Funds Service, please answer 7c.</b>

**\*For New Applicants - The FRBNY requests this information in connection with account openings in order to better understand your institution's intended business activities. If your institution would**

like to request these services, please contact your Federal Reserve account executive separately, and the FRBNY will consider the request.

<b>7c. If your institution has, and/or will request, online access to the Fedwire® Funds Service, please indicate the estimated levels of your institution's quarterly online funds transfer activity:</b>		
<b>Quarter</b>	<b>Volume:</b>	<b>Dollar Amount:</b>
<u><b>Year 1</b></u>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		
<u><b>Year 2</b></u>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		
<u><b>Year 3</b></u>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		

<b>7d. If your institution currently has, and/or will request, online access to the Fedwire Funds Service, please provide a detailed explanation for its current, and/or its request for, online access to the Fedwire Funds Service and the estimates given above.</b>

<b>7e. Will your institution request access to FedACH® services*?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently have this service
<b>If yes or your institution currently has access to FedACH services, please answer 7f.</b>

**\*For New Applicants -** The FRBNY requests this information in connection in order to better understand your institution's intended business activities. If your institution would like to request these services, please contact your Federal Reserve account executive separately, and the FRBNY will consider the request.

<b>7f. If your institution has, or is requesting access, to FedACH services, please indicate the estimated levels of your institution's ACH activity:</b>		
<b>Quarter</b>	<b>Volume:</b>	<b>Dollar Amount:</b>
<u><b>Year 1</b></u>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		
<u><b>Year 2</b></u>		
<b>1<sup>st</sup> Q :</b>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		
<u><b>Year 3</b></u>		
<b>1<sup>st</sup> Q :</b>		
<b>2<sup>nd</sup> Q :</b>		
<b>3<sup>rd</sup> Q :</b>		
<b>4<sup>th</sup> Q :</b>		

<b>7g. If your institution currently has, and/or will request, access to FedACH services, please provide a detailed explanation for its current use of, request for, access to ACH services and the estimates given above.</b>

<b>7h. Will your institution request cash services*?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently have this service

**\*For New Applicants -** The FRBNY requests this information in order to better understand your institution's business. If your institution would like to request these services, please contact your Federal Reserve account executive separately, and the FRBNY will consider the request.

<b>7i. If your institution currently has, and/or will request, access to cash services, please provide a detailed explanation for its current use of, or request, for cash services.</b>
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**7j. Please provide the type and the estimated level of quarterly activity (by volume and dollar amount) for any other product or service your institution currently receives and/or expects to request from a Federal Reserve Bank. Please include a detailed explanation for the services you use, or will request access to, and the estimates you provide:**


## 8. Deposit Insurance

**8a. Has your institution obtained deposit insurance? If yes, please check all that apply:**

☐ FDIC ☐ NCUA ☐ Other: \_\_\_\_\_

**8b. If your institution does not have deposit insurance from the FDIC or NCUA, is it eligible to make application for deposit insurance from the FDIC or NCUA?**

☐ Yes: ☐ FDIC ☐ NCUA  
☐ No

**If no, please explain:**


**8c. If your institution does not have deposit insurance from the FDIC or NCUA, has it applied for, or does it intend to apply for, deposit insurance?**

☐ Yes: ☐ FDIC ☐ NCUA  
☐ No

**If yes, please explain:**

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**8d. If your institution is a bank or savings association, is it engaged in the business of receiving deposits other than trust funds (including actively maintaining one or more nontrust deposit accounts in the minimum aggregate amount of \$500,000)?**

<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, please explain:</b>

## 9. Regulatory Action

<b>9a. Has your institution, its parent, and/or any of their affiliates ever had its license or charter revoked or suspended?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, identify the institution, the jurisdiction, the supervisory authority, the type of action(s), the reasons for the action(s), the date(s), and the current status:</b>

<b>9b. Has your institution, its parent, and/or any of your institution's affiliates ever been subject to a supervisory and/or regulatory enforcement action under the laws of any jurisdiction in which it is chartered and/or any jurisdiction in which it conducts significant operations as a result of deficiencies in its AML or economic sanctions program(s) and/or other violations of AML and/or economic sanctions (including the Bank Secrecy Act and OFAC for entities chartered or with significant operations in the U.S.) laws or regulations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, for each such action, identify (i) the institution, (ii) the jurisdiction, (iii) the supervisory or regulatory authority, (iv) the type of action, (v) the amount of any fines or the nature of any sanctions and/or suspension, (vi) the reasons for the action and any fines, sanctions, and/or suspensions, (vii) the date; and (viii) the current status:</b>

<b>9c. Has any beneficial owner,<sup>9</sup> including any member of senior management, employee, and/or director of your institution, its parent and/or any of your institution's affiliates ever been fined, sanctioned and/or suspended by a regulatory entity such as FINRA and/or other similar regulatory agencies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, for each such action, identify the relevant (i) individuals, (ii) the institution, (iii) the jurisdiction, (iv) the supervisory authority or regulatory</b>

<sup>9</sup> See footnote 3 for definition of "beneficial owner".

<b>agency, (v) the type of action, (vi) the amount of any fines or the nature of any sanctions and/or suspensions, (vii) the reasons for the action and any fines, sanctions, and/or suspensions, (vi) the dates; and (viii) the current status:</b>

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