

## Money Services Business (MSB) Questionnaire

1. Full Legal Name:

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2. Trade Name or DBA:

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3. Business Type (Circle one): Corporation, Sole Proprietorship, Partnership, LLC, LLP, Other (explain):

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Account Info:	Account # _____	Account Type _____
	Account # _____	Account Type _____
	Account # _____	Account Type _____
	Account # _____	Account Type _____

4. Principals or Owners of the Entity – Attach additional sheets if necessary.

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5. How long have you owned this business? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ Check if Not Applicable.

6. How long have you managed this business? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ Check if Not Applicable.

7. What percentage of your gross revenue is derived from MSB services (for example, check cashing, selling or redeeming travelers checks, money transmission)? \_\_\_\_\_

8. List each of your owned business locations below. Attach additional sheets if necessary.

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9. Describe your USA market area and customer base. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Local county residents   | <input type="checkbox"/> Local statewide residents |
| <input type="checkbox"/> Multi-state area residents   | <input type="checkbox"/> USA citizens              |
| <input type="checkbox"/> International customers, regardless of citizenship. If checked, please describe your primary target market and any other customer groups to whom you market your services. |  |

10. List each agent or franchise that provides MSB services under agreement with your firm. Attach additional sheets if necessary.

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11. What types of state business licenses do you hold? Please attach copies of the licenses to this questionnaire.

- |   |   |
|---|---|
| <input type="checkbox"/> General business license       | <input type="checkbox"/> Special purpose business license   |
| <input type="checkbox"/> Check Cashing business license | <input type="checkbox"/> Money Transmitter business license |
| <input type="checkbox"/> Other business license _____   |   |

12. **Determine whether your Business is a Money Service Business (MSB).** Please check all of the services you provide below. Select the correct answer in each column for the row in which a service your business provides is listed. If you have checked “No” for any of the answers below, you are generally required to register as an MSB with FinCEN within 180 days of providing those services. Refer to the MSB Fact Sheet included in your packet or on the [www.msb.gov](http://www.msb.gov) website for further details. **Please identify each of the services you provide below and estimate the percentage of MSB services revenue you earn from each of the categories of MSB money services. Attach copies of any brochures, fee schedules or other marketing materials describing your products and services.**

			Revenue Percentage
a. Domestic currency deals or exchange transactions? <i>(For example, exchanging smaller bills for \$100s or \$50s or exchanging \$100s for \$20s or other smaller bills.)</i>	Daily limit of \$1,000 per customer? <input type="checkbox"/> Yes <input type="checkbox"/> No, limit of _____ <input type="checkbox"/> Don't provide.	Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____	
b. International currency exchange transactions? <i>(For example, exchanging US currency for foreign currency, or exchanging foreign currency for US currency.)</i>	Daily limit of \$1,000 per customer? <input type="checkbox"/> Yes <input type="checkbox"/> No, limit of _____ <input type="checkbox"/> Don't provide.	Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____	
c. Cash checks for individual consumer customers? <input type="checkbox"/> US Federal, State or local government checks <input type="checkbox"/> Preprinted in-state payroll checks <input type="checkbox"/> Any consumer or business third party checks <input type="checkbox"/> International checks of any type <input type="checkbox"/> Other, please specify: _____	Daily limit of \$1,000 per customer? <input type="checkbox"/> Yes <input type="checkbox"/> No, limit of _____ <input type="checkbox"/> Don't provide.	Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____	
d. Issue travelers checks, money orders or other negotiable instruments?	Daily limit of \$1,000 per customer? <input type="checkbox"/> Yes <input type="checkbox"/> No, limit of _____ <input type="checkbox"/> Don't provide.	Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____	
e. Sell or redeem travelers checks, money orders or other negotiable instruments?	Daily limit of \$1,000 per customer? <input type="checkbox"/> Yes <input type="checkbox"/> No, limit of _____ <input type="checkbox"/> Don't provide.	Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____	
f. Issue, sell or redeem stored value? <input type="checkbox"/> Prepaid telephone cards <input type="checkbox"/> Gift cards, specify brands: _____ <input type="checkbox"/> Fuel cards, specify brands: _____ <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Closed system cards, please specify: _____	Daily limit of \$1,000 per customer? <input type="checkbox"/> Yes <input type="checkbox"/> No, limit of _____ <input type="checkbox"/> Don't provide.	Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____  <i>Closed system cards are stored value cards that can only be used within a confined group of merchants, such as a mall-wide card valid only at the stores located within that particular mall facility.</i>	
g. Domestic money transmitter? <input type="checkbox"/> Money transmitter services occur when a person engages as a business in the transfer of funds through a financial institution. Generally, the acceptance and transmission of funds as an integral part of a transaction (for example, in connection with a sale of goods or services), will not cause you to be a money transmitter.		Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____  <input type="checkbox"/> Don't provide.	
h. International money transmitter? <input type="checkbox"/> Money transmitter services occur when a person engages as a business in the transfer of funds through a financial institution. Generally, the acceptance and transmission of funds as an integral part of a transaction (for example, in connection with a sale of goods or services), will not cause you to be a money transmitter.		Acting as an agent of another? <input type="checkbox"/> No, acting on own behalf. <input type="checkbox"/> Yes, acting as an agent of _____  <input type="checkbox"/> Don't provide.	
<b>Total MSB Revenue</b>			100%

13. What types of banking services do you expect to use at our financial institution on a **monthly** basis?

- |   |              |                      |
|---|--------------|----------------------|
| <input type="checkbox"/> Currency deposits or withdrawals   | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Check deposits   | Number _____ | Average Amount _____ |
| <input type="checkbox"/> US currency exchanges  | Number _____ | Average Amount _____ |
| <input type="checkbox"/> International currency exchanges   | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Domestic wire services   | Number _____ | Average Amount _____ |
| <input type="checkbox"/> International wire services  | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Receipt of ACH transactions  | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Receipt of ACH IAT transactions  | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Origination of ACH transactions  | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Internet banking services  | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Remote deposit capture (RDC) services                                      | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Purchase of official checks, travelers<br>checks or other negotiable items | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Please describe other services not listed here:                            |              |                      |

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14. Which branches do you intend to use in the conduct of your business?

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15. If you have checked “No” for any of the answers to the money service questions on page 2, you are generally required to register as an MSB with FinCEN within 180 days of providing those services. Refer to the MSB Fact Sheet included in your packet and also available on the [www.msb.gov](http://www.msb.gov) website for further details to determine if you must register. If you are required to register, please attach a copy of the IRS Letter acknowledging the receipt of your FinCEN MSB Registration. If no copy is attached, explain why not:

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**Business Representative Completing the Questionnaire:**

Print Name	Title
Business Representative Signature	Date

**Bank Representative Receiving the Questionnaire:**

Print Name	Title
Bank Representative Signature	Date