

COMPLIANCE MONITORING CHECKLIST

AGENT NAME		AGENT NUMBER	
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MONITORING PERIOD: _____ to _____
Start Date End Date

Item #		YES	NO	N/A
1	During this monitoring period, did you hire any new employees to process money order or money transfer transactions?			
2	Did you train the new employee(s) on AML and Fraud Prevention requirements and how to record required information from transactions?			
3	Have you documented the AML and fraud prevention training of this (these) new employee(s)?			
4	Have you identified any unusual and/or suspicious activity during this monitoring period?			
5	Have you detected any structuring activity ? i.e. Splitting transactions to avoid ID requirements or any transaction below ID requirements?			
6	Have you detected flipping activity ? i.e. Customer receiving cash and using that amount to request the cash to be sent back out?			
7	Have SARs been completed for suspicious activity indicated above for this monitoring period?			
8	Have SARs been E-filed accurately within 30 days of detection of the transaction?			
9	Have you identified any transactions totaling over \$10,000 in CASH for ONE customer in ONE day?			
10	Have CTRs been completed for transaction amounts indicated above for this monitoring period?			
11	Have CTRs been E-filed accurately within 15 days of the transactions?			
12	Have you sold any Money Order for \$3,000 or more, in cash, to ONE customer in ONE day during this monitoring period?			
13	Have you completed the Money Order Log accurately for Money Order cash sales of \$3,000 or more?			
14	Have all transactions requiring identifications been verified?			

NOTES/COMMENTS:

COMPLIANCE OFFICER/DELEGATE NAME	SIGNATURE	DATE