



Questionable Activity Report – QAR

Submit completed form and relevant attachments to AML_Officer@fhlbi.com

Filer Information

Employee Name: _____ Date of Report: _____
mm/dd/yyyy

Email Address: _____ Extension #: _____

Department: _____ Manager: _____

Is Department Manager aware of the questionable activity? YES NO
 If No, Reason not: _____

Type of Questionable Activity (QA)

- Known or questionable terrorist/terrorist organization
- Designation of beneficiaries, assignees, or joint owners
- MPP loan activity
- Member collateral
- CID programs
 - AHP
 - Set-asides
 - CIP
 - Other CID Program: _____
- Transactions out of pattern for member(s)
- Activity involving employees and/or insiders
- Activity involving vendors
- Use of noncash monetary instruments
- Wire transfers
- ACH
- Cyber security
- Other: _____

Detailed description of activity (including how it was identified and the parties that are aware):

QA Information

Date QA was identified: _____ Date QA occurred: _____
mm/dd/yyyy Or *mm/dd/yyyy*

Dollar amount involved: _____ Date range occurred: _____ To: _____
mm/dd/yyyy *mm/dd/yyyy*

Suspect Name: _____ Suspect SSN or TIN: _____

Suspect Address: _____
Address Line

City State Zip Code

FHLBI Member Impacted: _____

Is the Member aware of the questionable activity? YES NO Is the Member involved in the questionable activity? YES NO

Please list any supporting documentation included with QAR submission (attach files to email):

FOR COMPLIANCE DEPARTMENT USE ONLY

Date Received: _____ Date Investigation Completed: _____ Assigned to: _____

QAR Reference #: _____

Investigation Results:

INFR filed? YES NO If Yes, Date Filed: _____

If No, Reason not Filed: _____

SAR filed? YES NO If Yes, Date Filed: _____

If No, Reason not Filed: _____

Potential for loss or claim against FHLBank Indianapolis? YES NO

Comments regarding potential loss or claim: