

Cabot Peabody LLC

**Preliminary
Risk Assessment
Report**

Your Name: _____

Your Department: _____

Your Supervisor's Name: _____

Date of Report: _____

*Prior to opening a new account, you are required to perform the following risk assessment. This assessment is not intended to specifically identify suspicious accounts or activities; instead, its purpose is to ensure that you **consider the likelihood of suspicious or potentially illegal activity** for each account. This assessment may lead to the monitoring of accounts, if necessary (see below). Your designated Principal (Supervisor) must review and sign this form before approving the new account, if applicable, and filing it with the customer's account documentation.*

1. Type of account: Existing account Prospective (new) account
2. Name of account or prospective account: _____
_____.
3. Address: _____
_____.
4. Phone Number: _____ 5. SSN or TIN: _____
6. Is the customer an individual, an intermediary, public, private, domestic or foreign corporation, a financial or non-financial institution, or regulated person or entity? _____
_____.
7. Has the customer been an existing customer for a significant period of time (how long)? _____
_____.
8. How did the client become a customer of the Company? _____
_____.
9. Is the business of the customer, or the particular type of account, the type more likely to be involved in illicit activity (e.g., cash intensive business)? If yes, describe the business. _____
_____.
10. Is the customer's home country a member of the Financial Action Task Force (FATF) or is otherwise subject to adequate anti-money laundering controls in its home jurisdiction? (If you do not know, please consult your supervisor for assistance.) _____.
11. Does the customer reside in, is incorporated in or operates from a jurisdiction with bank secrecy laws? (The U.S.Patriot Act is part of these bank secrecy laws.) _____
12. Does the customer reside in, is incorporated in or operates from a jurisdiction that has otherwise been identified as an area worthy of enhanced scrutiny? (If you do not know, please consult your supervisor for assistance.) _____.
13. Are there any other reasons why you think this account may engage in illegal activities or those associated with money laundering activities? _____ If yes, please describe: _____
_____.

Reporting Employee's Signature: _____

Supervisor's Signature: _____

Supervisor's Recommendation:

- ___ No further action
- ___ Get more information
- ___ Monitor account for S.A.
- ___ File P-SAR