



The Financial Crimes Enforcement Network (“FinCEN”), a bureau of the U. S. Department of Treasury, has issued Geographic Targeting Orders to all title insurance companies on or about August 22, 2017 (“Order”). The Order requires title insurers, including any subsidiaries and agents (defined in the Order as a “Covered Business”), to collect certain information with respect to certain transactions defined as “Covered Transactions”. A full copy of the Order is available at [https://www.fincen.gov/sites/default/files/shared/Real Estate GTO Order - 8.22.17 Final for execution - Generic.pdf](https://www.fincen.gov/sites/default/files/shared/Real_Estate_GTO_Order_-_8.22.17_Final_for_execution_-_Generic.pdf)

Please complete the below questionnaire. This Company will rely on the answers provided to meet its reporting obligations.

Once the information on this form is collected by this Company, the instructions of the title insurers’ underwriting bulletin for completing the Form 8300 and reporting the transaction to the insurer and FinCEN.

**Who is completing this form?**

Company/Law Firm Name		Person Completing this worksheet (Name and Position)		
Postal Address (Headquarters)		City	State	Zip
Phone	Fax	E-Mail	License #	Date of Closing

**Is this a Covered Transaction?**

1. Is the property residential <sup>1</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the purchaser a corporation, limited liability company, partnership or similar business entity, whether formed under the laws of state or a foreign jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes indicate the type of entity</i>	
3. Is the purchase made <u>without</u> a loan from a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Note: Only consider loans made by financial institutions with anti money laundering programs such as a bank, credit union or mortgage company. This does not include private or seller financing.</i>
4. Is the property in one of the following counties and the purchase price equal to or over the amount shown? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> CA – Los Angeles - \$2 million <input type="checkbox"/> FL – Broward - \$1 million <input type="checkbox"/> NY – Bronx - \$1.5 million <input type="checkbox"/> HI – Honolulu - \$3 million <input type="checkbox"/> CA – San Diego - \$2 million <input type="checkbox"/> FL – Miami-Dade - \$1 million <input type="checkbox"/> NY – Brooklyn - \$1.5 million <input type="checkbox"/> CA – San Francisco - \$2 million <input type="checkbox"/> FL – Palm Beach - \$1 million <input type="checkbox"/> NY – Manhattan - \$3 million <input type="checkbox"/> CA – San Mateo - \$2 million <input type="checkbox"/> NY – Queens – \$1.5 million <input type="checkbox"/> CA – Santa Clara - \$2 million <input type="checkbox"/> TX – Bexar - \$500,000 <input type="checkbox"/> NY – Staten Island - \$1.5 million	
5. Was or will any of the purchase price, including earnest money deposits, be paid using one or more of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a) Currency (bills or coins); <input type="checkbox"/> Yes <input type="checkbox"/> No c) Certified check; <input type="checkbox"/> Yes <input type="checkbox"/> No e) Money order; <input type="checkbox"/> Yes <input type="checkbox"/> No g) Personal check <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Cashier’s check; <input type="checkbox"/> Yes <input type="checkbox"/> No d) Traveler’s check; <input type="checkbox"/> Yes <input type="checkbox"/> No f) Business check; <input type="checkbox"/> Yes <input type="checkbox"/> No h) Wire transfer <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Payments to a party representing the purchaser or seller (i.e. an attorney or real estate agent) using one of the listed forms of payment require a “Yes.” answer.</i>

**Did you answer “NO” at least once for any of the 5 questions above?**

**Yes.** This purchase is NOT a Covered Transaction. You do not need to complete the rest of this form, other than signing.

**No.** This transaction is a Covered Transaction. Please complete the following pages.

<sup>1</sup> Residential mean real property (including individual units of condominiums and cooperatives) designed principally for the occupancy of from one to four families.



**Individual Primarily Representing Purchaser** *(Defined as the individual authorized by the entity to enter into legally binding contracts).*

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)				
Type of ID			Issuing State or Country	
Last Name		First Name		M.I.
Date of Birth	Occupation		Taxpayer ID Number or EIN <i>(if none check the box)</i> <input type="checkbox"/> None	
Address		City	State	Zip

**Purchasing Entity's Name & Address**

Name of Purchasing Entity				
Taxpayer ID Number <i>(if none check the box)</i> <input type="checkbox"/> None		Type of Legal Entity <input type="checkbox"/> Ltd. Liability Co. (LLC), <input type="checkbox"/> Corp., <input type="checkbox"/> Partnership, <input type="checkbox"/> Other		
Doing Business Name (DBA) <i>(if none check the box)</i> <input type="checkbox"/> None		Country of Address <i>(if not U.S.)</i>		
Address		City	State	Zip

**Real Estate Purchase Information**

Date of Closing	Total Purchase Price \$	Total Amt. paid by below instruments \$	Paid in more than 1 payment <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Amount of Monetary Instruments (in U.S. Dollar)</b>				
U.S. Currency <sup>2</sup> \$		Amt. in \$100 bills or higher \$		
Foreign Currency \$		Country:		
		Issuer's Name(s)	Serial Number(s)	
Cashier's check(s)	\$			
Money order(s)	\$			
Certified check(s)	\$			
		Issuer's Name(s)	Account & Check Number(s)	
Traveler's check(s)	\$			
Business check(s)	\$			
Personal check(s)	\$			

**Property Information**

Address		City	State	Zip
County				

<sup>2</sup> This term refers to legal tender in all forms including paper or coinage.



**NAMES OF “BENEFICIAL OWNERS” (AS DEFINED) & NAMES OF ALL MEMBERS OF LIMITED LIABILITY COMPANIES**

1. For Corporations, Partnerships or Similar Business Entities each INDIVIDUAL who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser must be listed below. *If the purchasing legal entity is owned by another legal entity, then provide information for each INDIVIDUAL beneficial owner of the ultimate parent legal entity.*
2. For Limited Liability Companies all members must be listed below.

**(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID submitted to the title underwriter.)**

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver’s license, etc.)				
Type of ID		Issuing State or Country		
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None		
Address		City	State	Zip

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver’s license, etc.)				
Type of ID		Issuing State or Country		
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None		
Address		City	State	Zip

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver’s license, etc.)				
Type of ID		Issuing State or Country		
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None		
Address		City	State	Zip



<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)				
Type of ID			Issuing State or Country	
Last Name		First Name		M.I.
Date of Birth	Occupation		Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None	
Address		City	State	Zip

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)				
Type of ID			Issuing State or Country	
Last Name		First Name		M.I.
Date of Birth	Occupation		Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None	
Address		City	State	Zip

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)				
Type of ID			Issuing State or Country	
Last Name		First Name		M.I.
Date of Birth	Occupation		Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None	
Address		City	State	Zip

<input type="checkbox"/> Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)				
Type of ID			Issuing State or Country	
Last Name		First Name		M.I.
Date of Birth	Occupation		Taxpayer ID Number or EIN (if none check the box) <input type="checkbox"/> None	
Address		City	State	Zip

I declare that to the best of my knowledge the information I have furnished is true, correct, and complete.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_