

[NAME OF COMPANY]

**Identity Theft Prevention Program**

**Annual Report**

*This report should be completed by the Red Flags Manager or other designated staff. It must be completed at least annually.*

**This Annual Report covers the period of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.**

**PART I**

*Risk Assessment*

Yes  No      Periodic risk assessments were performed during this period to assess new risks of identity theft at the Company.

Yes  No      Periodic risk assessments were performed during this period to assess whether the Company is offering new accounts that should be covered by the Company's Identity Theft Prevention Program.

*Training and Monitoring*

Yes  No      **Can VIEW this information upon PURCHASE of FULL VERSION**

Yes  No      **Can VIEW this information upon PURCHASE of FULL VERSION**

*Identifying Red Flags and Incidents of Identity Theft*

Yes  No      **Can VIEW this information upon PURCHASE of FULL VERSION**

Yes  No      An Identity Theft Incident Report was filed  
**Can VIEW this information upon PURCHASE of FULL VERSION**

Yes  No      **Can VIEW this information upon PURCHASE of FULL VERSION**