

[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**