

Social Engineering Fraud Questionnaire

Name of Financial Institution: _____

Address: _____

I. Customer/Client Controls

1. Does the Financial Institution accept funds transfer instructions from customers relating to refunds or repayments from the Financial Institution's funds over the telephone, fax, email, text message or similar method of communication? Yes No
2. Prior to complying with any such instruction, does the Financial Institution confirm the instruction is authentic? Yes No
Check all authentication methods that apply:
 - a) Calling the customer at a predetermined number and receiving customer verification? Yes No
 - b) Sending a text message to a predetermined number and receiving confirmation? Yes No
 - c) Requiring receipt of a code known only to the customer to confirm identity? Yes No
 - d) Other (please describe):

II. Vendor Controls

1. Does the Financial Institution verify all vendor bank accounts by a direct call to the receiving bank, prior to being established in the accounts payable system? Yes No
2. Does the Financial Institution confirm any requested changes to vendor details (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the vendor before the request was received? Yes No
3. Does the Financial Institution send all confirmations of changes requested by the vendor to a person independent of the requestor of the change, with any changes being implemented only after the vendor has responded with affirmative confirmation? Yes No
4. Does the Financial Institution require review of all changes to vendor records by a supervisor or next-level approver before any change to the record is processed? Yes No
5. Does the Financial Institution confirm that invoices or payment requests from vendors are authentic and accurate prior to payment? Yes No

If Yes, describe the confirmation procedure:

III. Internal Funds Transfer Controls

1. Does the Financial Institution have procedures in place to verify the authenticity of any payment or funds transfer requests received from another employee, location or department of the Financial Institution? Yes No
 - a) If Yes, please describe such procedures:

 - b) Are all such procedures performed consistently among all business units, departments, branch locations, and subsidiaries? Yes No

2. Does the Financial Institution require approval of more than one employee for payments or funds transfers in excess of a specified amount? Yes No
 If Yes, specify such amount: \$_____
3. Are all employees provided anti-fraud training, including but not limited to detection of social engineering, phishing and other scams? Yes No

IV. Loss History

1. Has the Financial Institution sustained any social engineering fraud losses during the past five years? Yes No
 If Yes, please provide the following information for each such loss. Attach a separate sheet if more space is needed.

Date of Loss	Total Amount of Loss	Description of Loss and Corrective Action Taken

V. Signature

Signature	Title	Date

This Questionnaire must be signed by the chief executive officer, president or equivalent officer of the Financial Institution acting as the authorized agent of all individuals and entities proposed for this insurance.