IN-OFFICE DEPOSIT QUESTIONNAIRE

Self-Assessment

| Site Visi | t |
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Regulatory guidelines require the bank to assess risk on an annual basis. As written in your agreement with the Bank, we need for you to please complete this Self-Assessment Questionnaire ("self-assessment"). To comply with regulatory guidelines, this serves as part of the Bank's customer due diligence process when offering In-Office Deposit Capture. It is imperative that information be protected from hackers and from possible fraudulent situations including employee fraud. Accordingly, the Bank uses this questionnaire as a monitoring tool to be sure you are protecting information and implementing internal controls as agreed upon in the contract between you and the Bank.

Please read the questions below and put an "X" in the yes or no columns. To communicate additional information, please write it in the Comment Section(s) of this document. After completing the questionnaire, **please have an authorized person sign and date the form**.

Your Network Administrator should be able to assist you when answering the technical questions.

If you have questions, please contact Suzanne Fedi, Customer Service Department, at the Bank. The telephone number is 209-944-1517.

This questionnaire must be completed and forwarded to the Bank within 10 days of receipt. *The form should be returned to the following: ATTN: Customer Service Department, BAC Community Bank, P.O. Box 1140, Stockton, CA 95201.* This form may be sent out to you periodically.

| Company Name: | Date: |
|--|------------------------------------|
| Name of Authorized Person Completing Questionnaire: | Signature of Authorized Person: |
| Telephone Number: | Email Address: |

Please provide the serial number(s) of all scanners provided by the Bank:

Please provide the Street Address of the location of all scanner(s) provided by the Bank:

Additional Comments:

| QUESTIONS: | X=yes | X=no | Comment Section |
|---|-------|------|-----------------|
| Do you deposit any of the following types of checks using the IOD Scanner? <i>If yes, please comment as to how often a deposit of this type is made.</i> | n/a | n/a | n/a |
| Photocopies or other copies of checks? Government or corporate warrants? (IOU's from the state) | | | |
| • Checks payable in other than United States Currency? (ex: Canadian Checks) | | | |
| • Third Party Checks? (Checks payable to anyone other than the account owner) | | | |
| • Checks you write on other accounts you own whether the other account is maintained with us or another financial institution? | | | |
| Do you place your endorsement stamp on all items prior to scanning? | | | |
| Do you verify the image quality of the items deposited? | | | |
| Do you verify the image displays the MICR line, signature, data, payee, amount and both sides of the check? <i>If yes, please comment as to how often you inspect and</i> <i>verify that images are legible.</i> | | | |
| Do you only use a scanner that was provided, or approved, by the Bank? If no, please comment as to what make and model of scanner is currently being used at your location. | | | |

| QUESTIONS: | X=yes | X=no | Comment Section | |
|--|-------|------|-----------------|--|
| | | | | |
| Do you inspect the scanner to determine if it is clean and | | | | |
| operating properly at least once a month? | | | | |
| If no, please comment as to how often the scanner is | | | | |
| inspected. | | | | |
| Do you review/oversee your employees' use of this service? | | | | |
| If yes, please comment as to how often you review their | | | | |
| deposit activities. | | | | |
| | | | | |
| Do all users of the scanner have their own password/token to | | | | |
| log into the IOD system and maintain confidentiality of their | | | | |
| password/token? | | | | |
| | | | | |
| Is access for terminated users immediately revoked and the | | | | |
| Bank contacted immediately in order to disable their access to | | | | |
| the IOD system? | | | | |
| Is the company location/building secured with a burglar alarm | | | | |
| system? | | | | |
| If no, please comment as to how the building is secured | | | | |
| when business is closed. | | | | |
| Are originally deposited checks stored at the same address as | | | | |
| the scanner? | | | | |
| If no, please comment as to where checks are stored. | | | | |
| Do you retain the originally deposited checks for 75-90 days? | | | | |
| If no, please comment as to how long the original checks are | | | | |
| retained. | | | | |

| QUESTIONS: | X=yes | X=no | Comment Section |
|--|-------|------|-----------------|
| | | | |
| Are these original checks stored in a safe/locked secure area? | | | |
| If no, please comment as to how they are stored. | | | |
| Are access controls/procedures in place if a previously processed secured/locked original check must be accessed for any reason? <i>Please comment as to how/when secure checks must be</i> <i>accessed.</i> | | | |
| Do you maintain a tracking system in order to determine when original checks must be destroyed? | | | |
| Do you destroy checks by shredding? If using a third-party service for shredding please comment as to the name of the company providing that service. | | | |
| Do you destroy checks after they have been held for 75 days? If no, please comment as to when they are destroyed. | | | |
| Do you have a policy (written or unwritten) that addresses information/system security? | | | |
| Does the company maintain a firewall to protect its system(s) and data and is it currently turned on? | | | |
| Do you use and update anti-virus software? If yes, please comment as to what software product you use | | | |
| and when it was last updated. | | | |