

Date:

RE: OFFICIAL REQUEST FOR CUSTOMER RECORDS

Name of Investment Institution:

**Pursuant to 17 CFR § 248.15(a)(2)(ii), FINRA Rule 2165 (Financial Exploitation of Specified Adults),
FINRA Rule 4512 and Iowa Code 235B:**

I, _____, an Adult Protective Services Worker operating under the laws of Iowa Code 235B, am conducting an authorized investigation of alleged financial exploitation of a dependent adult.

Member firms are reminded that nonpublic personal information received or disclosed for the purpose of protecting against or preventing actual or potential fraud under 17 CFR § 248.15(a)(2)(ii): **(2)(ii)** To protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability.

Iowa Code §235B.3(9) outlines that if, in the course of assessment, evaluation, or investigation of a report of dependent adult abuse, the department determines that disclosure is necessary for the protection of a dependent adult's resources, the department may disclose the initiation and status of the dependent adult abuse evaluation to the dependent adult's various financial entities.

Iowa Code §235B.6 allows various financial entities the right to obtain dependent adult abuse information as deemed necessary by the department to protect the dependent adult's resources.

Iowa Code §235B.3(11) provides immunity from civil and criminal liability to a person participating in good faith, cooperating, or assisting the department in evaluating a case of dependent adult abuse, which might otherwise be incurred or imposed based upon giving the assistance.

I hereby request records pursuant to the Financial Industry Regulatory Authority (FINRA) Rule 4512 of May 2019, **to be sent securely**, for all accounts relating to:

Name:

Last 4 Digits of Social Security Number:

Date of Birth:

Account Owner:

Account number or other unique identifier (if known):

For the period of _____ to _____

Please provide the following records:

- Statements for ALL accounts, including but not limited to, checking, savings, money market, certificates of deposit, investments, insurance and holdings
- Copies of all deposits and withdrawals from the account(s), including, but not limited to, checks (front and back) and any offsets, ACHs, wires, transfers, securities/certificates

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- Account Opening and closing documentation, including but not limited to, New Account Forms for all accounts, including view/read only accounts, insurance applications, Trusted Contact(s), all Power of Attorney documents and signature cards
- Statements for any loans, lines of credit, credit cards, pledged assets and copies of any cash advances
- Other (if not included above):

To facilitate a timely investigation, please provide these records on or before: _____.

Please provide the requesting information in the following format:

If you have questions, my contact information is noted below.

Please note that the Iowa Department of Human Services does not have funds for processing fees related to this request. Also, please be aware that the Consumer Protection Financial Bureau also acknowledges that “APS agencies lack financial resources and that these financing challenges impeded APS’s ability to respond” to the abuse of dependent adults. As noted in CPFBI March 2016 recommendations “Expedite documentation requests from Adult Protective Services (APS), law enforcement and other government entities investigating reports of financial exploitation. Provide documents at no charge.”

I pledge to securely safeguard all client information provided in order to protect the customer’s privacy.

Signature

Phone

Printed Name

Email

Title

Street Address

Agency

City, Street, and ZIP Code