



MONEYLINE TRANSACTIONS DISPUTE FORM

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|---|--|--------------------------|-----------------------------|
| Client's Name: | | | |
| Client's Mailing Address: | | | |
| Client's Telephone No(s): _____ (c) _____ (h) _____ (w) | | | |
| Client's Email Address(es): | | | |
| ATTEMPT TO ACCESS JMMB MONEYLINE ONLINE BANKING | | | |
| Most recent log-in attempt to JMMB Moneyline online banking (prior to unauthorized transactions) | | | |
| Date of Login Attempt: (mm/dd/yyyy) _____ | | | |
| Time of Login Attempt:(mm/dd/yyyy) _____ | | | |
| How did you access JMMB Moneyline? | | | |
| | Yes | No | URL (i.e., website address) |
| By typing the URL in my browser | <input type="checkbox"/> | <input type="checkbox"/> | |
| By conducting Google/Bing/other search | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please tick one or more of the following to indicate the fields you were prompted to provide a response to when you logged in: | | | |
| <input type="checkbox"/> Username <input type="checkbox"/> Password <input type="checkbox"/> PIN <input type="checkbox"/> Verification Code <input type="checkbox"/> Other (please state) | | | |
| Were you successful in executing a transaction or other action? | | | |
| Yes <input type="checkbox"/> | Please state successful <u>transaction</u> (please tick where applicable): | | |
| | <input type="checkbox"/> Cheque Pickup <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Local Transfer <input type="checkbox"/> International Wire Transfer <input type="checkbox"/> Buy/Sell Shares <input type="checkbox"/> Bill Payment <input type="checkbox"/> Other (please state) | | |
| Yes <input type="checkbox"/> | Please state successful <u>action</u> (please tick where applicable) – | | |
| | <input type="checkbox"/> View account balances <input type="checkbox"/> Review transaction history <input type="checkbox"/> Add payee <input type="checkbox"/> Change user preference <input type="checkbox"/> Generate Statement <input type="checkbox"/> Other (please state) | | |



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|-----------------------------|
| No <input type="checkbox"/> |
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UNAUTHORIZED TRANSACTIONS

Please provide full details on the date, time and how you detected the unauthorized transactions:

Date Detected:(mm/dd/yyyy) _____ Time Detected:_____ A.M P.M.

Other Details:

PLEASE ATTACH COPIES OF RELATED EMAILS OR TEXT MESSAGES YOU RECEIVED.

Did you receive a verification code for the creation of a payee/s in your email that you did not initiate? Yes No

Payee's name _____ Date received _____
Payee's name _____ Date received _____
Payee's name _____ Date received _____

Please provide details of all the unauthorized transactions on your JMMB Bank and/or JMMB Investments accounts. This should include transfers between your own accounts (where applicable):

| Transaction Date | Transaction Type (e.g., internal transfer, local or international wire transfer, sale of shares) | Account # | Currency | Amount |
|------------------|---|-----------|----------|--------|
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| UNUSUAL ACTIVITY | | | |
|---|--|---|------------------|
| Have you experienced any of the following? | No | Yes | Details |
| Inability to access email, phone, online banking (JMMB or other Financial Institution) etc.? Please provide details (when, how etc.). | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you received any unusual email or text messages? Please provide details and an image (printed screenshot) of any such message received. DO NOT FORWARD VIA EMAIL | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you received an alert that you have accessed your email when you haven't? Please provide details and an image (printed screenshot) of this. DO NOT FORWARD EMAIL | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you received any recent request for you to share your JMMB banking information with others? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please select what was shared below) | | | |
| <input type="checkbox"/> Username <input type="checkbox"/> Password | <input type="checkbox"/> PIN <input type="checkbox"/> Verification Code | <input type="checkbox"/> Other (please provide details) | |
| PIN | | | |
| Have you shared your JMMB Moneyline log in credentials with someone you know? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Details (if yes) |
| Please provide any additional information deemed necessary. | | | |
| REPORT TO THE POLICE | | | |
| Please note that you are required to make a report to the Police Station of your choice and provide us with a copy of the receipt, within four (4) working days of your making this report, in order for us to move forward with actioning this transaction dispute. | | | |
| Have you reported the unauthorized transaction on your JMMB Moneyline account to the Police? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |



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DECLARATION

- I, the undersigned client, acknowledge and agree that the information given by me is correct and JMMB, JMMB Bank and all other subsidiaries and affiliates of JMMB Group Ltd. (collectively, the JMMB Group) may rely on it.
- I give JMMB Group permission to share the information and documentation provided to facilitate any recovery effort relating to this dispute.

| | | |
|-------------------------|-------------|---|
| Client Signature: _____ | Date: _____ | Time: _____ A.M. P.M. |
|-------------------------|-------------|---|

FOR OFFICIAL USE ONLY

Subsidiary/Branch/Department: _____

UCIN: _____

| | |
|---|---|
| Branch Use Only | Receiving Agent: _____ Signature: _____ Date: _____ |
| | To be completed once Police Report Received: |
| | Receipt # _____ Police Station where report was made: _____ Receiving Agent: _____ Signature: _____ Date: _____ |
| Fraud Monitoring Unit Use Only | Receiving Agent: _____ Signature: _____ Date: _____ Notes: _____ _____ _____ |