## **Procedures/Instructions for Reporting Suspected Financial Exploitation of Vulnerable Adults**

N.H. RSA 421-B:5-506-A allows for immunity from administrative or civil liability if a broker-dealer, investment adviser, registered representative, investment adviser representative, or certain related persons report possible financial exploitation of an eligible adult and/or delay a disbursement related to such financial exploitation. Eligible adults are those over the age of 65 and those unable to manage personal, home, or financial affairs or delegate such responsibilities.

The law provides for the following procedure in order to make a claim of administrative or civil immunity:

- Review of requested disbursement and suspected financial exploitation *prior to* any delayed disbursement
- Firm may contact third party previously designated by the eligible adult
- Within 2 business days after the disbursement request
  - o Provide written notification of/reason for delay to parties authorized to transact business on the account (*unless* a party is believed to have engaged in the suspected/attempted financial exploitation)
  - Notifiy the Bureau of Securities Regulation ("the Bureau") of the delay and complete return the Report of Suspected Financial Exploitation of Vulnerable Adult

Along with the Report, firms should also provide all relevant documents and information to the Bureau\*, including:

- Account statements
- Communications and statements taken related to the delay
- Powers of attorney or other legal documents, as applicable, giving someone beside the account owner authority over the account

- Copies of complaints
- Internal investigation reports
- Within 7 days after the delayed disbursement and an internal review of suspected/attempted financial exploitation, report the results of the review to the Bureau
- Reporting firm has up to 15 business days from date of delay to decide whether there has been financial
  exploitation and may release the funds unless the Bureau requests the broker-dealer or investment adviser
  extend the delay
  - o The disbursement shall then be delayed no more than 25 business days after the date of the delayed disbursement, unless sooner terminated by the Bureau or court order
  - o It is requested that the reporting broker-dealer or investment adviser contact the Bureau prior to release of funds
- A court may extend the delay or order other relief at the request of the Bureau or the firm

<sup>\*</sup> Please be advised that the Bureau may request other documents, at its discretion, as part of its review.



## NEW HAMPSHIRE BUREAU OF SECURITIES REGULATIONS REPORT OF SUSPECTED FINANCIAL EXPLOITATION OF VULNERABLE ADULT

FOR USE BY QUALIFIED INDIVIDUALS PURSUANT TO N.H. RSA 421-B:5-507-A

Date of Incident:	Time:		
SECTION II – PERSON IDE	NTIFIED AT RISK OF EXPLOITAT	ION	
	First Name:		MI:
Sex: M □ F □ Date of Birth	: Social Security#	Phone:	
	Social Security**	1 none	
Responsible Party (if applicable	e) Power of Attorney/Guardian/Conservat	tor:	
	·		
Institution Tracking # (if any):			
SECTION III – PERSON AL	LEGEDLY RESPONSIBLE FOR EXI	PLOITATION	
Last Name:	First Name:	MI:	_ Sex: M□ F□
	Relationship to Victim:		
Additional Information:			
VULNERABLE ADULT	SCRIBE THE BASIS FOR YOUR BEI		
VULNERABLE ADULT		_	
VULNERABLE ADULT  SECTION V – PLEASE DES	CRIBE THE INCIDENT GIVING RIS	- SE TO THIS REPORT	
VULNERABLE ADULT  SECTION V – PLEASE DES  SECTION VI – PERSON RE	CRIBE THE INCIDENT GIVING RIS	EE TO THIS REPORT	
SECTION VI – PERSON RE Name of Person Reporting:	CRIBE THE INCIDENT GIVING RIS	EE TO THIS REPORT	
SECTION V – PLEASE DES  SECTION VI – PERSON RE Name of Person Reporting: Address:	CRIBE THE INCIDENT GIVING RIS	SE TO THIS REPORT  Title:	
SECTION V – PLEASE DES  SECTION VI – PERSON RE Name of Person Reporting: Address: Firm Name:	CRIBE THE INCIDENT GIVING RIS  PORTING  Phone#:	Title:Email:	
SECTION V – PLEASE DES  SECTION VI – PERSON RE Name of Person Reporting: Address: Firm Name: Third Party Contacted? Yes □	Phone#:  No  Third-Party Name:		
SECTION V – PLEASE DES  SECTION VI – PERSON RE Name of Person Reporting: Address: Firm Name: Third Party Contacted? Yes □ Legal Relationship:	CRIBE THE INCIDENT GIVING RIS  PORTING  Phone#:  No  Third-Party Name:  Third Party Phone #:		
SECTION V – PLEASE DES  SECTION VI – PERSON RE Name of Person Reporting: Address: Firm Name: Third Party Contacted? Yes □	CRIBE THE INCIDENT GIVING RIS  PORTING  Phone#:  No  Third-Party Name:  Third Party Phone #:		
SECTION V – PLEASE DES  SECTION VI – PERSON RE Name of Person Reporting: Address: Firm Name: Third Party Contacted? Yes □ Legal Relationship:	CRIBE THE INCIDENT GIVING RIS  PORTING  Phone#:  No  Third-Party Name:  Third Party Phone #:		

When finished, preserve a copy for your records and send a copy of the form to the New Hampshire Bureau of Securities Regulation by email at securities@sos.nh.gov or by fax at (603) 271-7933.