

# Massachusetts Division of Banks

## Scope Summary

Entity Name: Prepared by: License Type & Number: Date: 

INSTITUTION AND EXAMINATION INFORMATION	
License(s) Type:	
Examination Type:	
Entity Headquarters (City, State):	
Original License Date:	
Entity websites:	
Organization chart	Upload to Pre Exam Folder
Business Plan	Upload to Pre Exam Folder
MCR Analytics for exam time frame	Upload to Pre Exam Folder
Number of Licensed Offices/Branches (including Main Office):	
Number of Licensed MLOs/Agents (where applicable):	
Affiliated Banks or Licensees Reviewed (if applicable):	
Examination Location(s):	
Other Participating Regulators (if applicable):	

EXAMINATION DATES	
Examination Review Period:	
Anticipated Hours:	
Information Request Sent Date:	
Planned Examination Start Date:	
Projected Completion Date:	

EXAMINATION TEAM		
Name	Role	Specialty
	Examiner-In-Charge	

# Massachusetts Division of Banks

## Scope Summary

Entity Name:

Prepared by:

License Type &amp; Number:

Date:

### COMPLAINTS

Consumer Complaints received by the Division since the previous examination. (number of complaints and nature/pattern of complaints)


### TRANSACTION VOLUME - CFMSB

	Current Exam Timeframe	Previous Exam Timeframe
Dates:		
Total # of Transactions		
Total \$ of Transactions		
Describe possible reasons for volume change (New agents/locations, new business focus-expansion, new licenses)		

### FINANCIAL INFORMATION

Date:	xx/xx/xxxx	xx/xx/xxxx
Total Assets	\$	\$
Total Equity	\$	\$
Adjusted Equity	\$	\$
Total Revenue	\$	\$
Net Income	\$	\$

# Massachusetts Division of Banks

## Scope Summary

Entity Name:

Prepared by:

License Type &amp; Number:

Date:

### CONSUMER RISK ASSESSMENT\*

*\*Refer to the Examiner Risk Assessment Guide for further instructions on how to complete this section.*

### Summary Worksheet

*Use this worksheet for an overall view of the Risk Assessment findings. Enter the rating for the different risk factors and note the priorities for examination review.*

RISK FACTORS	RATING	COMMENTS/REVIEW PRIORITIES
<b>INHERENT RISK (LOW/MODERATE/HIGH)</b>		
Nature and structure of products offered and to whom	Choose an item.	
Marketing methods and customer relationship management	Choose an item.	
Compliance Management Challenges	Choose an item.	
Financial Condition	Choose an item.	
Other factors	Choose an item.	
<b>RISK CONTROLS AND MITIGATION (STRONG/ADEQUATE/WEAK)</b>		
Board of directors and management / Compliance Authority	Choose an item.	
Product and system development and modification	Choose an item.	
Training	Choose an item.	
Complaint management	Choose an item.	
Other factors	Choose an item.	

**Massachusetts  
Division of Banks**
**Scope Summary**

Entity Name:

Prepared by:

License Type &amp; Number:

Date:

<b>OTHER FACTORS (LOW/MODERATE/HIGH)</b>		
Magnitude and severity of potential harm	Choose an item.	
Supervisory history – regulatory violations, Matters Requiring Attention, rating	Choose an item.	
Consumer complaints	Choose an item.	

<b>Risk Summary</b>		
<b>Element</b>	<b>Current MM/DD/YYYY</b>	<b>Preceding MM/DD/YYYY</b>
Inherent Risk (Low/Moderate/High)	Choose an item.	Choose an item.
Quality of Risk Controls and Mitigation (Strong/Adequate/Weak)	Choose an item.	Choose an item.
Other Factors	Choose an item.	Choose an item.
Overall Risk to Consumers* (Low/Moderate/High)	Choose an item.	Choose an item.

<b>Narrative description of primary basis for Risk Assessment.</b>

# Massachusetts Division of Banks

## Scope Summary

Entity Name:

Prepared by:

License Type &amp; Number:

Date:

PRODUCT OR BUSINESS LINE REVIEW			
AREA	Review		Comments
	Yes	NA	
Mortgage Origination [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	
Mortgage Servicing [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	
Short-Term, Small-Dollar Lending [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	
Debt Collection [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	
Education Loans [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	
Check Cashing [FinCen/IRS]	<input type="checkbox"/>	<input type="checkbox"/>	
Money Orders/Traveler's Checks [FinCen/IRS]	<input type="checkbox"/>	<input type="checkbox"/>	
Money Transmitting [FinCen/IRS]	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

# Massachusetts Division of Banks

## Scope Summary

Entity Name:

Prepared by:

License Type &amp; Number:

Date:

REGULATION(S) REVIEW			
<i>Indicate the specific regulations that will be subject to transactional testing, noting the relationship with activities in the previous sections.</i>			
AREA	Review Yes   NA		Comments
<b>LENDING</b>			
Truth In Lending Act	<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate Settlement Procedures Act	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners Protection Act	<input type="checkbox"/>	<input type="checkbox"/>	
Equal Credit Opportunity Act	<input type="checkbox"/>	<input type="checkbox"/>	
Home Mortgage Disclosure Act	<input type="checkbox"/>	<input type="checkbox"/>	
Fair Credit Reporting Act	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer Leasing Act	<input type="checkbox"/>	<input type="checkbox"/>	
S.A.F.E. Mortgage Licensing Act	<input type="checkbox"/>	<input type="checkbox"/>	
Fair Debt Collection Practices Act	<input type="checkbox"/>	<input type="checkbox"/>	
Flood Disaster Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Fair Housing Act	<input type="checkbox"/>	<input type="checkbox"/>	
Servicemembers Civil Relief Act	<input type="checkbox"/>	<input type="checkbox"/>	
BSA/AML	<input type="checkbox"/>	<input type="checkbox"/>	
201 CMR 17 – Information Security	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**Massachusetts  
Division of Banks****Scope Summary**

Entity Name:

Prepared by:

License Type &amp; Number:

Date:

---

SCOPE OF THE EXAMINATION	
Narrative description of related examination activities	
COMPLIANCE MANAGEMENT SYSTEM	
UDAAP	
FAIR LENDING REVIEW	
Not part of review	
COMPLAINTS	

SCOPE SUMMARY
Examiner Recommendations