

I. FINANCIAL INSTITUTION/ENTITY INFORMATION	
1.	Name of Financial Institution/Entity: KEB HANA BANK CANADA
2.	City/Country: TORONTO/CANADA
3.	Contact Name: MICHAEL HEUNG CHO
4.	Contact Telephone: 416-227-5570
5.	Email Address: mikecho@keb.co.kr
6.	Government Issued License or Identification number: Bank Licence
7.	Type or Description of Identification, including name of authority issuing the ID: Banking, Chartered from Minister of Finance on July 30, 1981
8.	<p>Is your institution (or parent company) a publicly traded institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8a) If yes, on what stock exchange(s) is your institution listed? Please include full listed name and entity's stock symbol (i.e., WFC=Wells Fargo & Co.)</p> <p>Exchange (Full Exchange Name): KOREA STOCK EXCHANGE</p> <p>Listed Company Name: HANAFINANCIALGR</p> <p>Stock Symbol: 086790</p> <p>If more than one, please list additional Exchange information below:</p> <p>Please provide details of ownership (≥10%). (See definition in Appendix) To the best of your knowledge, please list <u>owners' names</u> and <u>ownership percentage</u> or provide <u>ownership structure</u>. Use an attachment if you need more space. HANA FINANCIAL GROUP 100%</p> <hr style="border-top: 1px dashed #00aaff;"/> <p>8b) If no, and your institution is privately held, please provide details of ownership (≥10%). (See definition in Appendix) To the best of your knowledge, please list <u>owners' names</u> and <u>ownership percentage</u> or provide <u>ownership structure</u>. Use an attachment if you need more space.</p> <hr style="border-top: 1px dashed #00aaff;"/> <p>8c) If no, are the shares of your institution evidenced by bearer shares? (See definition in Appendix.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Please confirm the areas of your organization covered by this questionnaire:</p> <p>9a) AML questionnaire applies to this branch/subsidiary only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>9b) Head Office & branches in head office country <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

9c) Head Office subsidiaries in head office country	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
9d) Branches outside of head office country	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
9e) Subsidiaries outside of head office country	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Please complete all of the questions and related requests for information listed below:

I. QUESTIONS RELATED TO REGULATORY ENVIRONMENT	
10. If you have branches or subsidiaries outside your Head Office Country, are your institution's AML policies and practices being applied to all branches and/or subsidiaries and/or separate legal entities whether they are in the home country or in locations outside of that jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
11. Is your institution operating as an offshore banking unit? (See Appendix for definition)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11a) Does your institution have any branches, subsidiaries or affiliates operating as an Offshore Banking Unit? (See Appendix for definition)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Is your institution fully compliant with anti-money laundering and terrorist financing laws in your country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
II. QUESTIONS RELATED TO YOUR INSTITUTION'S AML POLICIES AND PRACTICES	
13. Does your institution have a requirement for independent audit or testing of anti-money laundering compliance program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13a) If Yes, how frequently are these audits/tests conducted?	
Internal at least every 2 years External Independent review in 2015	
Name of Auditing Firm or Department: External-Grant Thornton LLP / Internal-Audit Department	
13b) Does your regulator examine your AML program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What is the Frequency (monthly, quarterly, annually)? at least every 3 years	
14. Does your institution have a written policy, controls and procedures designed to prevent and detect money laundering/terrorist financing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. Does your institution's AML policy and program include the following:	
15a) A requirement for periodic approval of your institution's AML policy by your institution's board or senior committee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15b) Periodic Anti-Money Laundering Training Programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15bi.) Do all of your employees receive AML training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, which positions are exempt?	
15bii.) How frequently is training required?	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input checked="" type="checkbox"/> Other, explain: Semi-Annually	

15biii.) How do you conduct the training?		
<input checked="" type="checkbox"/> In-person	<input type="checkbox"/> Teleconference	<input checked="" type="checkbox"/> On-line
<input type="checkbox"/> Other explain:		
15c) Clearly defined roles, responsibilities and accountabilities as they relate to anti-money laundering compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
How many people in your compliance staff are dedicated to AML/CFT? 5		
15d) Compliance with local suspicious activity reporting requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15e) Policies covering relationships with politically exposed persons, their families and close associates (PEPs - see Appendix for definition) consistent with regulations existing in your country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15f) Customer identification and verification requirements at the inception of the customer relationship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15fi) Does your institution require identification and verification of Beneficial Owners? (see Appendix for definition)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If so, to what percentage? 25% or more		
15g) Does your institution have specific identification requirements for the sale of monetary instruments or wire transfers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If a specific denomination amount is established for such transactions, please specify: Remittance of \$1K more, sale of monetary instruments of \$3K more		
15h) Procedures to monitor large cash deposits and withdrawals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15i) Monitoring program for unusual and suspicious activity that covers funds transfers and monetary instruments such as traveler's checks, money orders, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15j) Record retention requirements for documentation obtained regarding customer identification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15ji.) If yes, how long are records retained? at least 5 Years		
15k) Screening customers against global sanctions lists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15ki) If yes, please specify which sanctions lists are scanned? OFAC, OSFI, UN Saction list, FATF etc.		
15kii) Screening all parties to high risk transactions or products against sanctions lists (For example, letters of credit or wire transfers)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15l) Risk rating your customers and products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15m) Requiring a higher level of due diligence for high risk clients (i.e. those parties presenting risks of illicit activities, including but not limited to money laundering, fraud or terrorist financing)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15n) Completion of a risk-based assessment to understand the normal and expected transactions of its customers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

16. Does your institution provide the following services; or open accounts and/or establish relationships with the following (See Appendix for definitions):

16a) Financial institutions or nonbank financial institutions (“downstream correspondents”) located either inside or outside of your country?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16ai) If yes, do these downstream correspondents originate transactions that are processed through your Wells Fargo account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16aaii) If yes, please provide a complete list of downstream correspondent banks and the countries where they are located.		
16aiii) If yes, do you have policies to reasonably ensure that your institution only operates with correspondent banks that are licensed to operate in the countries in which they are located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16b) Customers that pass transactions directly through your account with Wells Fargo (i.e. “payable through account”)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16c) Customers that provide third party check clearing or bulk cash services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16d) Non regulated financial institutions (e.g., hedge funds, private equity firms, etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16e) Shell Banks? If yes, will any of those transactions benefiting shell banks go through your account with Wells Fargo? (Note: The Wells Fargo Terms and Conditions requires compliance with law. This would include the prohibition of transactions from Shell Banks flowing through Wells Fargo accounts. See section 7.8.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16f) Offshore Banking Units?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16g) Internet Banks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16h) Money Service Businesses (MSBs) including money transmitters, foreign MSBs, casas de cambio, and foreign exchange houses?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16i) Internet Gambling companies? (Note: The Wells Fargo Terms and Conditions prohibit transactions from Internet Gambling companies flowing through Wells Fargo accounts. See section 7.17.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16j) Companies whose ownership is evidenced by bearer shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16k) Anonymous accounts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16l) Non-established customers or walk-ins (non-account holders)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No


17. If you answered “Yes” to any of the items in Question 16, do your institution’s policies, procedures, monitoring and programs specifically outline how to mitigate the potential risks associated with these higher risk customer types?

Yes No

Will transactions related to these customers go through your Wells Fargo account? Explain each separately. 16g) Yes, 16h) Yes, 16l) Yes

IV. GENERAL COMPLIANCE QUESTIONS	
18. Do you comply with FATF 16? (See Appendix)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Do your systems support SWIFT message types for cover payments (MT202 COV and MT205 COV)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19a) If no, when do you propose to comply?	
20. Has your institution had any regulatory or criminal enforcement actions resulting from violations of anti-money laundering laws or regulations in the past ten years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20a) If yes, please provide an explanation.	
21. Has your institution, to your knowledge, been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists in the past ten years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21a) If yes, please provide an explanation.	
22. Please provide the name and contact information of an officer responsible for your institution's anti-money laundering program.	
Name:	MICHAEL HEUNGJAE CHO
Title:	CHIEF COMPLIANCE OFFICER
Mailing address:	4950 YONGE ST. SUITE 1101, TORONTO ON M2N 6K1
Telephone number:	416-227-5570
Email address:	mikecho@keb.co.kr
FOR CUSTOMERS OPENING A NEW ACCOUNT, PLEASE READ THE FOLLOWING NOTICE:	
To help fight the funding of terrorism and money laundering activities, federal law of the United States of America requires all United States financial institutions to obtain, verify and record information that identifies each person or entity that opens an account or enters into a business relationship.	

I confirm that, to the best of my knowledge, the above information is current, accurate and reflective of my institution's anti-money laundering policies.

Print Name	MICHAEL HEUNGJAE CHO
Signature:	
Title:	CHIEF COMPLIANCE OFFICER
Date:	November 1, 2015 (Day, Month, Year)