

Information Technology Questionnaire

Money Services Business License Application

Instructions

- Please answer all questions below. Most questions are of the “Yes”, “No”, “Not Applicable” category; however, a “Comments” section is provided under each major heading to expand or clarify your responses. All “No” or “Not Applicable” responses require a comment response indicating the reason(s) for the negative or non-applicability response.
- Please enter the name of the individual completing this questionnaire. Further, the questionnaire must be signed by an executive officer of the applicant and notarized.

Preparer Name & Title: _____

Executive Officer’s Name & Title: _____

Applicant Name & Location: _____

Date Questionnaire Fully Completed: _____

- If insufficient space is available to respond to “Comments” below, please attach additional sheets.

1. Has applicant implemented a comprehensive, enterprise-wide, disaster recovery / business continuity program (DR/BCP) ☐ Yes ☐ No ☐ NA

If yes, does the DR/BCP contain:

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Defined roles & responsibilities? | ☐ Yes | ☐ No | ☐ NA |
| b. Written recovery procedures? | ☐ Yes | ☐ No | ☐ NA |
| c. Does applicant obtain a Service Organizational Control (SOC) 1 or similar audit? | ☐ Yes | ☐ No | ☐ NA |
| d. Does applicant obtain a SOC 2 or similar audit? | ☐ Yes | ☐ No | ☐ NA |
| e. Business impact analysis? | ☐ Yes | ☐ No | ☐ NA |
| f. Offsite storage provisions? | ☐ Yes | ☐ No | ☐ NA |
| g. Testing requirements, including documentation of lessons learned from DR/BCP tests? | ☐ Yes | ☐ No | ☐ NA |

Comments:

2. Does applicant have an incident response plan? ☐ Yes ☐ No ☐ NA

If yes, does the plan provide for:

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Assessing the nature & scope of the incident, including documenting any systems containing customer information that may have been compromised? | ☐ Yes | ☐ No | ☐ NA |
| b. Containing & controlling the incident to prevent further compromise? | ☐ Yes | ☐ No | ☐ NA |
| c. Contacting appropriate law enforcement and regulatory representatives? | ☐ Yes | ☐ No | ☐ NA |
| d. Preserving records and other evidence? | ☐ Yes | ☐ No | ☐ NA |
| e. Customer notification? | ☐ Yes | ☐ No | ☐ NA |
| f. Periodic employee awareness training? | ☐ Yes | ☐ No | ☐ NA |

Comments:

3. Has applicant implemented an information systems internal audit program?

☐ Yes ☐ No ☐ NA

If yes, does the scope of the information systems audit program include:

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Network security? | ☐ Yes | ☐ No | ☐ NA |
| b. General IT-related controls? | ☐ Yes | ☐ No | ☐ NA |
| c. Penetration testing? | ☐ Yes | ☐ No | ☐ NA |
| d. Application development policies & procedures? | ☐ Yes | ☐ No | ☐ NA |
| e. Disaster recovery / business continuity planning? | ☐ Yes | ☐ No | ☐ NA |
| f. Information security program? | ☐ Yes | ☐ No | ☐ NA |
| g. Compliance with applicable safeguarding customer information regulations? | ☐ Yes | ☐ No | ☐ NA |

Comments:

4. Information systems audit details:

Information systems audits done within the last 36 months:

Audit Firm Name: _____

City, State: _____

Audit Type: _____

Audit Date: _____

Audit Firm Name: _____

City, State: _____

Audit Type: _____

Audit Date: _____

Audit Firm Name: _____

City, State: _____

Audit Type: _____

Audit Date: _____

Audit Firm Name: _____

City, State: _____

Audit Type: _____

Audit Date: _____

Comments:

- 5 Has applicant implemented an information security program (ISP) to protect non-public information? ☐ Yes ☐ No ☐ NA

If yes, does the ISP include:

a. Written policies & procedures? ☐ Yes ☐ No ☐ NA

b. Employee training? ☐ Yes ☐ No ☐ NA

c. Monitoring? ☐ Yes ☐ No ☐ NA

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| d. Security at both the applicant and, if applicable, significant service providers? | ☐ Yes | ☐ No | ☐ NA |
| e. Logical & physical security considerations? | ☐ Yes | ☐ No | ☐ NA |
| f. Provisions for testing the effectiveness of key controls through some type of audit, test, review, etc.? | ☐ Yes | ☐ No | ☐ NA |
| g. Provisions for adjusting the program? | ☐ Yes | ☐ No | ☐ NA |

Comments:

6. Has applicant implemented an ISP with respect to its application server infrastructure and controls? ☐ Yes ☐ No ☐ NA

If yes, does the ISP include:

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| a. Security check of any internal application servers which contain customer information or critical data is stored, processed, or transmitted? | ☐ Yes | ☐ No | ☐ NA |
| b. Does the security check test for internal application servers' vulnerabilities? | ☐ Yes | ☐ No | ☐ NA |
| c. Does the security check test for internal application servers validating appropriate access controls? | ☐ Yes | ☐ No | ☐ NA |
| d. Does the security check test for internal application servers provide for penetration testing? | ☐ Yes | ☐ No | ☐ NA |

Comments:

7. Has applicant implemented an ISP with respect to its website and associated web application security? ☐ Yes ☐ No ☐ NA

If yes, does the ISP include:

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Written policies & procedures? | ☐ Yes | ☐ No | ☐ NA |
| b. Monitoring? | ☐ Yes | ☐ No | ☐ NA |
| c. Provisions for adjusting the program? | ☐ Yes | ☐ No | ☐ NA |

- d. Security evaluation of the public facing website and web applications on which customer information is kept, processed, or transmitted? ☐ Yes ☐ No ☐ NA
- e. Is security tested for vulnerabilities? ☐ Yes ☐ No ☐ NA
- f. Is security tested for access controls? ☐ Yes ☐ No ☐ NA
- g. Does security testing include penetration testing? ☐ Yes ☐ No ☐ NA

Comments:

8. Has applicant implemented an ISP with respect to its Virtual Currency wallet infrastructure and controls? ☐ Yes ☐ No ☐ NA

If yes, does the ISP include:

- a. Security over the virtual and physical Infrastructure in which virtual currency is kept for the applicant and customers? ☐ Yes ☐ No ☐ NA
- b. Do virtual controls include passwords, encryption, and split keys? ☐ Yes ☐ No ☐ NA
- c. Are private keys ever stored unencrypted? ☐ Yes ☐ No ☐ NA

Comments:

9. Does applicant rely on delegates or offices to conduct business activities? ☐ Yes ☐ No ☐ NA

If yes, is access granted:

- a. Based on defined security policies/procedures? ☐ Yes ☐ No ☐ NA
- b. Based on 2 or more factor authentication? ☐ Yes ☐ No ☐ NA
- c. Logged and routinely monitored? ☐ Yes ☐ No ☐ NA

Comments:

10. Does the applicant develop or support custom software that is used for conducting daily business activities? [Note: this item is not applicable to MSB's whose applications are developed by a third-party contractor.] ☐ Yes ☐ No ☐ NA

If yes, are development/support activities:

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| a. Based on written policies & procedures? | ☐ Yes | ☐ No | ☐ NA |
| b. Properly segregated? (e.g. development from production, documentation, production release controls, and pre-release testing.) | ☐ Yes | ☐ No | ☐ NA |
| c. Based on secure program coding practices that meet industry standards? | ☐ Yes | ☐ No | ☐ NA |
| d. Based on an assessment of the applicant's system and application development methodology? | ☐ Yes | ☐ No | ☐ NA |
| e. Subject to independent review and testing to ensure there are no security and integrity issues prior to migration to a production environment? | ☐ Yes | ☐ No | ☐ NA |

Comments:

Any additional comments pertaining to any of the information technology issues noted in 1-10 above?

I hereby certify under penalty of perjury that the information contained in the Information Technology Questionnaire signed by me is correct and complete and that there is no misrepresentation or omission of material fact.

Dated and signed on _____.

(Signature of Affiant)

(Name of Affiant)

STATE OF TEXAS

COUNTY OF _____

Personally appeared before me the above named Affiant, _____,
personally known to me, who, being duly sworn, deposes and says that he/she executed the above
instrument and that the statements and answers contained therein are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____

(Notary Public)

(Seal)

My Commission expires: _____