Please complete the following tables indicating whether the product or service is in-house or outsourced to a third party. Remember to sign your name in space provided on the last page of this survey. **Please contact Financial Examiner Greg Pope at greg.pope@dobi.nj.gov should you have any questions regarding completion or submission of this form.**

**Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  | **In-House** | **Outsourced** |
| --- | --- | --- |
| **Vendor Name****City, State****(List country if foreign-based)** | **Software Application/ Version #** | **Hardware Make and O/S** | **Servicer Name****City, State****(List country if foreign-based)** | **Software Application/ Module Version #** |
| **Core Processing**  |  |  |  |  |  |
| **Deposits** |   |  |  |  |  |
| **BSA Suspicious Activity Monitoring:** |  |  |  |  |  |
| **Loans:** |   |  |  |  |  |
| Commercial  |  |  |  |  |  |
| Mortgage  |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Investments/ Securities:** |   |  |  |  |  |
| **General Ledger**  |  |  |  |  |  |
| **Bank Stock Registration & Transfers** |   |  |  |  |  |
| **Customer Information File (CIF)** |   |  |  |  |  |
| **Trust**  |   |  |  |  |  |
| **Retail EFT:** |   |  |  |  |  |
| ACH |  |  |  |  |  |
| Wire System 1 |  |  |  |  |  |
| Wire System 2 |  |  |  |  |  |
| ATM |   |  |  |  |  |
| **Item Processing:** |  |  |  |  |  |
| Merchant Remote Deposit Capture |  |  |  |  |  |
| **Imaging:**  |  |  |  |  |  |
| Checks |  |  |  |  |  |
| Loans |  |  |  |  |  |
| Other Documents |  |  |  |  |  |
| **Internet/E-Banking:** |  |  |  |  |  |
| Web Site Address/URL:*http* : |  |  |  |  |  |
| Informational Web Site(Web server) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Transactional Internet Banking:** |  |  |  |  |  |
| Consumer/Retail |  |  |  |  |  |
| Bill Payment |  |  |  |  |  |
| On-line Credit Applications |  |  |  |  |  |
| On-line Deposit Applications |  |  |  |  |  |
| Commercial(Cash management, ACH, Wire) |  |  |  |  |  |
| **Mobile Banking** |  |  |  |  |  |
| **Person-to-Person Payments** |  |  |  |  |  |
| **Other Internet or E-banking Products** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **In-House** | **Outsourced** | **Who Monitors?** |
| **Vendor Name****City, State****(List country if foreign-based)** | **Software Application/ Version #** | **Hardware Make and Model** | **Servicer Name****City, State****(List country if foreign-based)** | **Software Application/ Version #** |
| **Network(s):** |   |  |  |  |  |  |
|  Operating System(s): |   |  |  |  |  |  |
| **Network security:** |   |  |  |  |  |  |
| Firewalls  |  |  |  |  |  |  |
| Intrusion Detection/ Prevention |  |  |  |  |  |  |
|  Email Filtering  |  |  |  |  |  |  |
|  Web Filtering |  |  |  |  |  |  |
| Data Loss Prevention  |  |  |  |  |  |  |
|  Anti-Virus |   |  |  |  |  |  |
|  Anti-Malware  |   |  |  |  |  |  |

Please describe any IT-related security incidents / cyber incidents since the previous IT examination.

Please describe any contracts with service providers hosted outside the United States. List name, country, service provided, and note if they have access to confidential data.

What tool does your institution use for Cybersecurity Self-Assessment? What’s the cybersecurity insurance carrier for your institution? What’s the face amount of your cybersecurity insurance policy?

Please list the name and title of the person in charge of IT at your institution and their contact information.

Please list the name and title of the person in charge information security at your institution and their contact information.

Does your institution have a “Bring your own Device” Policy?

Are the institution’s email servers/operation internally or external hosted? If external who is the third-party provider?

Is sensitive and confidential customer data transmitted, processed, or stored outside of the

continental United States? If so, Where? Yes/ No

Which types of independent testing, validation, or self-assessment of the IT control environment has

the entity been subject to within the last 12 months? Choose one.

*PCI-DSS compliance validation SOC 2 Type ISO 27001 assessment None*

Has the Business Continuity Plan been tested by qualified independent internal personnel or

independent third-party within the last 12 months (e.g., subject to an audit)? Yes/No

Is the designated CISO independent of IT operations staff and/or do they not report to IT Operations

management? Yes/No

How often does your institution conduct mandatory security awareness training?

How often does your entity conduct social engineering exercises? (e.g., phishing, vishing,

physical security pen test, etc.)

What was the click rate for employees during the most recent phishing campaign?

Has your institution segmented the network logically by geography? Yes/No/NA (Explain)

Has your institution segmented the network logically by business units? Yes/No/NA (Explain)

Does the entity have a formal policy governing use of multifactor authentication? Yes/No

Does the entity's risk assessment address multi-factor authentication, including identification of all methods of access to critical assets, risks associated with single factor authentication, and the MFA controls to address those weaknesses? Yes/No

Is multi-factor authentication required for remote access to the institution’s corporate computer network? (VPN) Yes/No

Is multi-factor authentication required to access the institution’s corporate email, (including OWA)?

Yes/No

Does the entity have a written process to patch and update information systems, network devices, and software? Yes/No

How is network monitoring (e.g., performance, intrusion detection, web filtering) managed? (Select the choice that best applies)

*Outsourced In-House Other (Specify) Not managed*

Has the institution experienced an event or disruption within the last 12 months that required the activation of its business continuity plan. Yes/No

Has the institution tested its ability to restore critical systems and data from backups within the last 12 months? Yes/No

Please describe any involvement in virtual currency.

Additional Information, if any:

**Name, title and phone number of individual to contact with questions regarding any of the information reported above:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Name** |  | **Title** | **Phone No.** |