



APPENDIX III

EBT SECURITY COMPLIANCE REVIEW

3.1 SECURITY COMPLIANCE CERTIFICATION FORM *(Amended October 8, 1998)*

EBT SECURITY COMPLIANCE CERTIFICATION FOR:

(Name of EBT Participant)

I, _____, do hereby certify that:

(1) (Check One)

_____ I am an internal auditor for _____ (the "Participant") and I have no operational responsibility for matters referenced in the Security Compliance Review.

_____ I am an independent auditor, employed by _____ and hired by _____ (the "Participant") to complete the Security Compliance Review Form on its behalf.

(2) Pursuant to the Quest® Operating Rules Section 9.15, I have conducted my audit of the Participant in accordance with generally accepted auditing standards and have examined such records, documents, procedures, facilities and operations as I have deemed reasonably necessary to form the basis for this certification.

(3) Based on my review of the foregoing, I have completed on _____, 19____ a Security Compliance Review for the Participant and I have answered "Yes" to all questions contained therein except those questions specifically referenced in the Compliance Exception Forms attached hereto. I hereby certify that the Participant is in compliance with the requirements described in each respective section of the Security Compliance Review referenced in Section 9.15(b), except those sections of the Security Compliance Review specifically referenced in the Compliance Exception Forms attached hereto.

(4) I will maintain in my records the Security Compliance Review and all working papers related thereto for a period of three (3) years from the date of this Compliance Certification.

(5) Participant uses the following processors for the handling of EBT Transactions:

By: _____
(Auditor)



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3.2 AUDIT EXCEPTION FORM *(Amended January 9, 1998)*

QUESTION # _____

Standard # _____

Explanation of why you cannot answer "true" to this question:

Describe action plan implemented to correct this situation:

Date expected to be in compliance: _____



3.3 ISSUER/ DESIGNATED AGENT RESPONSE FORM *(Amended January 9, 1998)*

To: _____

Organization: _____

Date: _____

Re: _____

We have reviewed the exception form, the action expected to be implemented and the date expected to be in compliance, and:

_____ Agree with the expected action and completion date.

_____ Disagree with the expected action and have attached an alternative action to be completed by _____ the expected completion date.

_____ Disagree with the expected action and expected completion date and have attached an alternative action and date.

_____ Disagree with the expected completion date and suggest the following:

At the expected completion date, we will be performing the following procedures:

Issuer/Designated Agent

Date



3.4 Obtaining ANSI Standards *(Amended January 9, 1998)*

If your organization does not have copies of the ANSI Standards, referenced in the Compliance Review, these may be obtained by contacting the appropriate Secretariat.

To obtain copies of X9.8 and X9.24, contact:

X9 Secretariat
American Bankers Association
1120 Connecticut Avenue, NW
Washington, D.C. 20036
Phone 202/663-5284

To obtain a copy of X3.92, contact:

X3 Secretariat
Computer & Business Equipment Manufacturers Association
1250 Eye Street, NW
Suite 200
Washington, D.C. 20005
Phone 202/737-8888