

Personal Financial Statement Answer all questions using "no" or "none" when necessary. Please begin by completing schedules on reverse side.

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Personal Information Date	e of Statement:	(MM/DD/YYYY)				
Legal Name (First Middle Last)	Date of Birth (MM/DD/YYYY)	Phone Number	Email Address		SSN	
Home Street Address	City	Cour	nty	State	Zip	How Long?
Business/Employer Name	Title/Position	How Long? Do y	ou have any depender	nts? (If yes, li	st their ages)	
Do you have a will? (If yes, list the name of execu	Have you ever declare	d bankruptcy? (If yes, ple	ase give detailed explainatio	on)		
If joint statement, list names of individuals	s whose assets, liabilities and in	ncome are included				
Are you currently involved in any outstand			nlesse attach descri	ntion of the	cuit	
			•			
Assets (Leave amount blank if not applicable)		Liabilitie	es (Leave amount blank i	f not applicable		
Cash, on hand, and unrestricted in banks (From below)	\$		banks (Schedule 1)		\$	
Accounts / Notes-receivable (Schedule 2)	\$		unts due others (Schedule 1)		\$	
Cash surrender value life insurance (Do not deduct loans) (S			life insurance (Schedule 3)		\$ \$	
Listed (AMEX, NYSE) stocks, bonds, US Gov't. Securities (So	chedule 4) \$	Brokers margin			\$	
Other stocks and bonds (Schedule 4)	\$	Taxes accrued be	•		\$	
Real estate at cost or market value (Schedule 5) Automobiles	\$	Mortgages payar	ble on real estate (Schedule 5)		\$	
Automobiles	\$				\$	
Other Assets - itemize	\$	Other Liabilities	- itemize		\$	
Other research	\$	Other Elabilities	TETTIZE		\$	
TOTAL ASSETS (A)	\$	TOTALLIA	BILITIES (B)		\$	
NET WORTH: Subtract Total Liabilities	I				\$	
CONTINGENT LIABILITIES: As guaran					\$_	
Income Information		Banking	Relationship	S		
Alimony, child support or separate maintenance income need considered as a basis for repaying this obligation.	not be revealed if you do not wish to have it		Address of Bank	Sir	ngle (S), Joint (J) Trust (T)	Cash Balance
IS THE INCOME STATED BELOW: MONTHLY	ANNUAL			or or	Trust (1)	\$
Salary (Gross)	\$					\$
Bonus and commissions, dividends, interest	\$					\$
Rental income	\$					\$
Other - itemize	\$					\$
	\$					\$
TOTAL INCOME	\$	TOTAL CA	SH (Take to Assets Above)			\$
Signature and Authoritation						
Signature and Authorization						
This information and the information provided on all accomp Applicant(s) acknowledge that representations made in this S the Applicant(s) on the date given below. You are authorized to promptly notify Creditor of any subsequent changes which wo any knowing or willful false statements regarding the value of	statement will be relied on by Creditor in its on make all inquiries you deem necessary to would affect the accuracy of this Statement. Cre	decision to grant such credit. This verify the accuracy of the informat ditor is further authorized to answ	Statement is true and correct in ion contained herein and to detu ver any questions about Creditor	n every detail and ermine the credit rs credit experien	I accurately repre worthiness of the ce with Applicant	sents the financial condition of undersigned. Applicant(s) wi (s). Applicant(s) are aware that
By signing below, each representative of the applicant declare	s that he/she has read and understood the s	tatement above.				
	(05.4)					(CEAL)
Signature	Date (SEA	Signature Signature		Da	te	——— (SEAL)
Signature	Date (SEA	Signature		Da	te	(SEAL)

SUPPLEMENTARY SCHEDULES (Take totals to front, attach additional pages if necessary)

SCHEDULE 1: DEBTS / CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)

Name & Address of Bank	Endorsement/Collateral (Please Describe)	Credit Line	Original Amount	Unpaid Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	TOTAL	\$	\$	\$	\$
Name & Address of Others	Endorsement/Collateral (Please Describe)	Credit Line	Original Amount	Unpaid Balance	Monthly Payment
		_			
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$ \$	\$ \$ \$	\$ \$ \$	\$ \$

SCHEDULE 2: ACCOUNTS, LOANS AND NOTES RECEIVABLE

Name & Address of Debtor	Maturity Date	Amount Owing	Description/Nature of Debt	Description of Security Held	Repayment Terms
		\$			
		\$			
		\$			
	TOTAL	\$			

SCHEDULE 3: LIFE INSURANCE

Name of Insured	Beneficiary	Insurance Co.	Policy Face Amt.	Surrender Value	Loans Against Policy	Yearly Premium	Policy Type	Is Policy Assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
		TOTAL	\$	\$	\$	\$		

SCHEDULE 4: STOCKS, BONDS AND US GOVERNMENT SECURITIES

Description of Security	Registered in Name of	Face Value (Bonds) No. of Shares (Stocks)	Market Value/Share	Total Market Value	Pledged (Y/N)	Listed (L) on NYSE, AMEX Unlisted (U), or Gov't Security (G)
			\$	\$		
			\$	\$		
			TOTAL LISTED	\$		
			TOTAL UNLISTED	\$		

SCHEDULE 5: REAL ESTATE

Description & Address	Title in Name of	Date Aquired	Cost	Market Value	Tax Value	Original Amt.	Unpaid Balance	Monthly Pmt.
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
		TOTAL	\$	\$	\$	\$	\$	\$

OTHER CREDIT REFERENCES

Name & Address (Give names of banks, finance companies or other concerns where credit has been obtained)	Date	Account Number	Type of Account	High Credit
				\$
				\$
				\$
				\$