



PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition as of _____

INDIVIDUAL INFORMATION (type or print)		CO-BORROWER (type or print)	
Name	SS #	Name	SS #
Residence Address		Residence Address	
City, State, Zip		City, State, Zip	
Position or Occupation	DOB:	Position or Occupation	DOB:
Business Name		Business Name	
Business Name		Business Name	
City, State, Zip		City, State, Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

ASSETS (DO NOT INCLUDE ASSETS OF DOUBTFUL VALUE)	In Dollars (omit cents)	LIABILITIES	In Dollars (omit cents)
Cash on hand and in banks - see Sch. A		Notes payable to banks-secured - Sch. H	
U.S. Gov't & Marketable Securities - see Sch. B		Notes payable to banks - unsecured - Sch. H	
Non-marketable Securities - see Sch. C		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others - secured	
Restricted or control stocks		Amounts payable to others - unsecured	
Partial Interest in Real Estate Equities - Sch. D		Accounts and bills due	
Real Estate Owned - Residence - see Sch. D		Unpaid income tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property		Real estate mortgage payable - Sch. D	
Cash Value - life insurance - Sch. E		Other Debts - itemized	
Pension/Profit Sharing - Sch. F			
Business Ventures - Schedule G			
Other Assets - itemize:			
		TOTAL LIABILITIES	-
		NET WORTH	
TOTAL ASSETS	-	TOTAL LIAB. & NET WORTH	-

SCHEDULE A - CASH CHECKING AND SAVINGS ACCOUNTS, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES (use additional sheet if necessary)

Number of shares or Face Value of Bonds	Description	In Name Of	Market Value	Are these Registered, Pledged or Held by Others?	Exchanges Where Traded

SCHEDULE C - NON-MARKETABLE SECURITIES (use additional sheet if necessary)

Number of shares or Face Value of Bonds	Description	In Name Of	Market Value	Are these Registered, Pledged or Held by Others?	Exchanges Where Traded

SCHEDULE D - INVESTMENTS IN REAL ESTATE (use additional sheet if necessary)

Location R.E. Investment	Titled To:	Date Purchased	Original Cost	% Owned	M/V of Investmen	Mtg. Balance	Mo. Pymt.	Mtg. maturity	Mtg. owed to:

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary Relationship	Face Value	Policy Loan	Cash Surrender Value

SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT SHARING PLANS

Vested %	Company Name	Account Number	(Manner of Payment)	Distribution Date	Policy Loans	Cash Surrender Value

SCHEDULE G - BUSINESS VENTURES (use additional sheet if necessary)

List Name and address of any Business Ventures in Which you Are a Principal or a Partner	Your Position Title in Business	Line of Business	Years In Business	Your % of Business	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHER (Mastercard, Visa, Etc.)

Owing To (Acct. No)	(J)	Date of Original Borrowing/Amount	Loan Balance	Due	Monthly Payments	Date of Final Payment	Secured By

ANNUAL INCOME	Applicant	Co-Applicant	CONTINGENT LIABILITY
Salaries	_____	_____	Co-Maker _____
Bonus	_____	_____	Guarantor _____
Dividends	_____	_____	Contracts _____
Interest	_____	_____	Legal Claims _____
Real Estate Income	_____	_____	Contested Tax _____
Other	_____	_____	Other _____
Total	_____	_____	Have you ever declared bankruptcy? _____
Do you have a will?	_____	_____	Name of Executor _____
Are you a defendant in any legal action?	_____	_____	Provide Details _____

The information contained in this statement is provided to induce you to extend and or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided therein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that: (1) the information provided herein is true, correct, complete and gives a correct and complete showing of the financial condition of the undersigned; (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except s may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and any material adverse change: (1) In any of the information contained in this statement notwithstanding any changes that have occurred in the course of a year it will be required that you provide a Personal Financial Statement annually, or: (2) in the financial condition of any of the undersigned or: (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. We also authorize that this information can be shared with all VIST Financial affiliates.

Date Signed _____
 Date Signed _____

Signature (individual) _____
 Signature (other party) _____

Confidential Supplement to Personal Financial Statement dated _____ submitted to the Tompkins Trust Company

SCHEDULE OF CONTINGENT LIABILITIES

As of: _____
(Date)

Submitted by: _____
Name(s)

Below is all debt for which I am a guarantor, co-maker or endorser of an individual, corporation or partnership:

Primary Borrower	Orig. Loan Amount	Current Balance	Monthly Payment	Due Date	Collateral/ Approximate Value	Guaranty Amt. or %	Other Guarantors

For the purpose of obtaining and maintaining credit from your bank from time to time through reliance on the following financial statement, the undersigned warrants that the representations made in this statement are true and accurately show the financial condition of the undersigned on the above date. The undersigned agrees promptly to notify the bank in writing of any change in financial condition shown by this statement which would affect the responsibility of the undersigned, whether such change result in the impairment of assets, increase in liabilities, insolvency of the undersigned, comittment of an act of bankruptcy by the undersigned or recovery of judgement against the undersigned. Also in the absence of such notice the undersigned expressly agrees that the bank in granting or continuing credit may continue to rely on this statement as true and accurate and of the same force and effect as if given at the time additional credit is given or existing credit is continued. If such notice be given to your bank, or if such change occur and such notice be not given or if any warranties made herein are at any time broken or unfulfilled, then all obligations of the undersigned heldy by the bank shall immediately become due and payable without demand or notice, and may be charged against any credit balance of the undersigned with the bank.

Signature: _____

Date: _____

Signature: _____

Date: _____



Disclosure of Right to Request Reason for Credit Denial

Creditor's name: Tompkins Trust Company

Creditor's address: PO Box 460, Ithaca, NY 14851

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement within 60 days from the date you are notified of the Bank's decision, please contact our Commercial Banking Department at 607-274-7275.

The Bank will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the FDIC Consumer Response Center 2345 Grand Blvd, Suite 100, Kansas City, MO, 64108

Disclosure of Appraisal Notice

APPRAISAL NOTICE

NOTICE: If the collateral which will secure this loan is a first lien on a 1-4 family residence, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.