

IMPORTANT: Read these directions before completing.

2025

Olf you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporations(s), complete only Sections 1, 3, and 4.

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, maintenance payments, income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

| Section 1 - Individual Ir  | (type or p     | t)   | Section 2 – Other Party Information (type of print) |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
|--|----------------|--|---|--|-------------------------------|---|---------------------------------------|--|----------------------------|----------|----------|----------|---------------|--|--|--|--|
| Name   |                |  |   | Name                                   |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| NameAddress  |                |  |   |  |                               |   | Address                               |  |                            |          |          |          |               |  |  |  |  |
|  |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| City, State & Zip  |                |  |   | City, State & Zip                      |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Social Security #  |                |  |   |  |                               | Social Security #   |                                       |  |                            |          |          |          |               |  |  |  |  |
| D 4 6 D1 41  |                |  |   |  |                               | Date of Birth   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Position or Occupation   |                |  |   |  |                               | Position or Occupation  |                                       |  |                            |          |          |          |               |  |  |  |  |
| Business Name  |                |  |   |  |                               | Business Name   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Business Address   |                |  |   |  |                               | Business Address  |                                       |  |                            |          |          |          |               |  |  |  |  |
|  |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| City, State & Zip  |                |  | City, State & Zip                                   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Length at present addres   |                |  |   |  | Length at present address     |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Length of employment   |                |  |   |  |                               | Length of employment  |                                       |  |                            |          |          |          |               |  |  |  |  |
| Res. Phone   |                |  |   |  |                               |   |                                       |  | Bus. Phone                 |          |          |          |               |  |  |  |  |
| Have (either of) you or ar for less than the amounts                               | s owed? If     | yes, please                                | ovide details                                       | er ever declar<br>on a separate        | ed bankrupt<br>sheet.         | cy, or sett   | led any debts                         | <b>O</b> Yes   | O No                       |          |          |          |               |  |  |  |  |
| Are (either of) you a defe   |                | -  | -   |  |                               | _   |                                       |  | O Yes                      | $\simeq$ | No       |          |               |  |  |  |  |
| Are (either of) you preser   |                | -  |   |  | ts to tax liens               | ?   | No                                    |  |                            |          |          |          |               |  |  |  |  |
| When, if ever, have (either Section 3 – Statement of                               |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
|  | Ji i illalicia |  |   |  |                               | T   |                                       |  | 1                          | l        |          |          |               |  |  |  |  |
| Assets (Do not include assets of doubtfu   | l value)       | In dollars<br>(omit cents)<br>[Individual] |   | [ loint]                               | If joint,<br>with             | Liabilities   | •                                     |  | In dollars<br>(omit cents) | [Joint]  |          | w        | oint,<br>vith |  |  |  |  |
| Cash, Checking & Savings, CD's   | ,              | linaiviau                                  | aıj   | [Joint]                                | whom                          | Notes payabl  | e to banks &                          | others – See   | [Individual]               | IJū      | nnıı     | WI       | nom           |  |  |  |  |
| Schedule A U.S. Gov't & marketable securitie                                       |                |  |   |  | Schedule H                    |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Schedule B   |                |  |   |  |                               | Due to broker   | rs .                                  |  |                            |          |          |          |               |  |  |  |  |
| Non-marketable securities – See  | Schedule C     |  |   |  |                               | Amounts pay   | able to others                        | s – secured  |                            |          |          |          |               |  |  |  |  |
| Restricted, control or margin acco   | ount stocks    |  |   |  |                               | Amounts pay   | able to others                        | s – unsecured  |                            |          |          |          |               |  |  |  |  |
| Securities held by broker in margi   |                |  |   |  | Accounts & b                  | ills due  |                                       |  |                            |          |          |          |               |  |  |  |  |
| Real Estate owned – See Schedu   | ule D          |  |   |  |                               | Unpaid incom  | ie tax                                |  |                            |          |          |          |               |  |  |  |  |
| Accounts, loans, & notes receival  |                |  |   |  | Other unpaid<br>Real Estate n |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Automobiles  |                |  |   |  |                               | Schedules D   | & H                                   | yable – see  |                            |          |          |          |               |  |  |  |  |
| Cash surrender value-life insuran<br>Schedule E                                    |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Vested interest in deferred compensation/<br>profit-sharing plans – See Schedule F |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Business ventures – See Schedule G   |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Other assets/personal property itemized –<br>See Schedule G if applicable          |                |  |   |  |                               | Total Liak  | oilities                              |  |                            |          |          |          |               |  |  |  |  |
|  |                |  |   |  |                               | Net Worth   | 1                                     |  |                            |          |          |          |               |  |  |  |  |
| Total Assets   |                |  |   |  | Total Liab                    | oilities &  | Net Worth                             |  |                            |          |          |          |               |  |  |  |  |
| Section 4 – Annual Inco  |                |  |   |  |                               |   |                                       |  |                            |          |          |          |               |  |  |  |  |
| Annual Income Salary, bonuses &  | [Individual    | ] [Joint]                                  |   | Annual Expen                           | ditures                       | [Individual]  | [Joint]                               | Contingent Liabili   | ties Estimate Amo          | unts     | [Individ | ual]     | [Joint]       |  |  |  |  |
| commissions  |                |  |   | Mortgage/rental p<br>Real estate taxes | ayments                       |   |                                       | Do you have any  | Yes                        | No       |          |          |               |  |  |  |  |
| Dividends & Interest   |                |  |   | assessments                            | α                             |   |                                       | Contingent liabilities (as endorser, co-maker or guarantor)? |                            |          |          |          |               |  |  |  |  |
| Real Estate Income   |                |  |   | Taxes-federal, sta                     | ate & local                   |   |                                       | (on leases? On cont  | racts?)                    | $\circ$  |          |          |               |  |  |  |  |
|  |                |  | Insurance payments                                  |  |                               |   | Involvement in pend action?           | ing legal  | 0                          |          |          |          |               |  |  |  |  |
|  |                |  | Other contract payments (car payments, etc.)        |  |                               |   | Contested income to                   | ax liens?  | 0                          |          |          |          |               |  |  |  |  |
|  |                | Alimony, child support,                    |   |  |                               | Any estimated capital gains tax on the unrealized asset appreciation? |                                       |  |                            |          |          |          |               |  |  |  |  |
|  |                |  |   | maintenance                            |                               |   |                                       | Other special debt o   |                            | $\dashv$ |          |          |               |  |  |  |  |
|  |                | +  | Other Expenses                                      |  |                               |   | circumstance?  If "yes" to any questi | ions(s)  | 0                          | -        | -        |          |               |  |  |  |  |
| Total Income   |                |  |   | Total Expenditure                      | S                             |   |                                       | describe:  | , ,                        |          | -        | -        |               |  |  |  |  |
|  |                |  |   |  |                               |   |                                       |  |                            |          | <u> </u> | $\dashv$ |               |  |  |  |  |
|  |                |  |   |  |                               |   |                                       | Total Continge   | nt Liabilities             |          |          |          |               |  |  |  |  |

| SCHEDULE A  |   |             |                  |               |          | COUNTS, C   | Owner                |  | F DE     |                      | MON           |              |              |          |                        | Dolonos                      |  |  |
|---|---|-------------|------------------|---------------|----------|-------------|----------------------|--|----------|----------------------|---------------|--------------|--------------|----------|------------------------|------------------------------|--|--|
| Name of Financial Institution Type of Accoun  |   |             |                  | III.          |          |             | (J)                  |  | ПГ       | If Pledged, to Whom? |               |              | Balance      |          |                        |                              |  |  |
|   | +   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| <u> </u>  |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          | L                      |                              |  |  |
| SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)  |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| Number of Shares or<br>Face Value of Bonds Description  |   |             |                  |               |          | In Name of  | f I                  | Are these Registered, Pledged or Held by Others? |          |                      |               |              | Market V     | alue     | Exchanc                | ges Where Traded             |  |  |
| Face value of Bonds Description   |   |             |                  | 0.11          |          | in Name of  |                      | or Held by Others                                |          | y Others             | 15!           |              | Warket value |          | Exchanges where trader |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   | SCHEDILLE C. NON MADKETADLE SECUDITIES (Los additional about if passessors) |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)  Are these Registered, Pledged   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| Number of Shares Description  |   |             |                  |               |          | In Name of  | f                    | or Held by Others?                               |          |                      |               |              | Market V     | 'alue    | Method of Valuation    |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| SCHEDULE D – INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| Description/Location   % Market Value of Mortgage   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| of Real Es  |   |             |                  | of Original   |          | ,           |                      | our % of   |          | Present              |               | Monthly      |              | Ma       | aturity                | Mortgage Owed                |  |  |
| Investme  | ent   | (J)         | Investr          | nent/Amou     | nt       | You         | Inv                  | estment  |          | Balance              |               | Payment      |              | Date     |                        | То                           |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              | +            |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   | ļ   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| SCHEDULE  | E – LIFE  | INSURA      | NCE CAI          | RRIED, IN     | CLUDII   | NG GROU     | P INSUR              | ANCE   |          |                      |               |              |              |          |                        |                              |  |  |
| Name  |   |             |                  | \ - I! ·      |          | Beneficiary |                      | Face Amount                                      |          |                      |               | _            | Dellandana   |          |                        | Cash Surrender               |  |  |
| Insurance Company Own   |   |             | wner of P        | olicy         | and      | d Relations | inip                 | Face   | ını ı    |                      | Po            | Policy Loans |              | Value    |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  | ı             |          |             | l                    |  |          |                      |               |              |              |          |                        |                              |  |  |
| SCHEDULE  | F - VEST  | ED INTE     | REST IN          | DEFERR        | ED CO    |             |                      |  |          |                      |               |              |              |          |                        | T                            |  |  |
| %<br>Vested   | Comp  | any Nam     | ۵                | Account       | Numbe    |             | er of Pay<br>∟ump Su | out (Annu  | iity,    | Distrib              | bution<br>ate | 1            | Re           | neficiar | v                      | Amount                       |  |  |
| Vested  | ООПІР   | arry rvarri |                  | 710000111     | - Tullio |             | zump ou              | 111, 010.)                                       |          |                      | 110           |              |              | Ticholai | <u>y</u>               | 7 tillount                   |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          | u .         |                      |  |          | I                    |               |              |              |          |                        | •                            |  |  |
| SCHEDULE  |   |             |                  | _ `           | ditional | sheets if n | ecessary             | ')   | To       | tal Assa             | to            |              |              |          |                        | Dragant Not                  |  |  |
| List Name and Address of Any Your Position/ Business Venture In Which Title in the  |   |             |                  |               |          |             | Y                    | ears in  |          | tal Asse<br>isted in | elS           | You          | r % of       | Net W    | orth of                | Present Net<br>Value of Your |  |  |
| You Are a Principal or Partner  |   |             |                  | siness        | Line     | of Busine   |                      | Business S                                       |          | Section 3 O          |               | Ownership    |              | Business |                        | Investment                   |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             | -                |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| SCHEDULE  | Η – Ι ΟΔΝ   | IS OWIN     | IG BANK          | S. BROKE      | ERS F    | INANCE C    | ΟΜΡΔΝΙ               | ES. AND  | ОТЬ      | IERS (N              | /IAST         | ERC          | ARD VI       | SA. FT   | C.)                    |                              |  |  |
| Owing   | g to  |             | Da               | ite of Origin | nal      |             | 2 AIII               |  | <u> </u> | Мc                   | onthly        |              | Date of      | of Final | ,                      |                              |  |  |
| (Acct. No.) (J)   |   |             | Borrowing/Amount |               |          | Present     | Balance              | Due  |          | Paymen               |               | nt Pay       |              | yment    |                        | Secured by                   |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
|   |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| The information contained in this statement is provided to induce you to extend 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 herein 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 and 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 as 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 of any material adverse change (1) in any of the information contained in this statement 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 written 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 authorizes you to answer questions about your credit experience with the undersigned.  I understand that I am signing this form electronically. |   |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |
| -   | Date Signed Signature (Individual)  Date Signed Signature (other party)     |             |                  |               |          |             |                      |  |          |                      |               |              |              |          |                        |                              |  |  |