



PERSONAL FINANCIAL STATEMENT

Anchor Bank, N.A.
1570 Concordia Ave
Saint Paul, MN 55104

YOU MAY APPLY FOR A CREDIT EXTENSION OR FINANCIAL ACCOMMODATION INDIVIDUALLY OR JOINTLY WITH A CO-APPLICANT. THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-APPLICANTS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINGFULLY AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

APPLICANT

NAME AND ADDRESS

TELEPHONE NUMBER

PRESENT EMPLOYER'S NAME AND ADDRESS

SOCIAL SECURITY #

Length of time at this Address: _____

DATE OF BIRTH:

POSITION:

Length of time at this Position: _____

Co-APPLICANT

☐ []

Check box and initial if it is your intent to be a co-borrower or joint guarantor.

NAME AND ADDRESS

TELEPHONE NUMBER

PRESENT EMPLOYER'S NAME AND ADDRESS

SOCIAL SECURITY #

Length of time at this Address: _____

DATE OF BIRTH:

POSITION:

Length of time at this Position: _____

VALUATION DATE

ASSETS	AMOUNT
Cash (Schedule 1)	
Due from others (Schedule 2)	
Mortgages & Contracts for Deed Owned (Schedule 3)	
Securities Owned (Schedule 4)	
Retirement Accounts (Schedule 5)	
Cash Surrender Value of Life Ins (Schedule 6)	
Homestead (Schedule 7)	
Other Real Estate Owned (Schedule 8)	
Automobiles	
Personal Property	
Other Assets (detail)	
Total	

LIABILITIES	AMOUNT
Notes Payable Banks (Sch 11)	
Notes Payable Others (Sch 11)	
Installment Contracts Pay (Sch 11)	
Due Dept Stores, Credit Cards & Others (Sch 11)	
Income Taxes Payable	
Other Taxes Payable	
Loans on Life Insurance (Schedule 6)	
Mortgage on Homestead (Schedule 9)	
Mortgage or Liens on Other Real Estate Owned (Schedule 10)	
Other Liabilities (detail)	
Total Liabilities	
Net Worth	
Total	

Annual Income

	Applicant	Co-Applicant
Salary		
Commissions		
Dividends		
Interest		
Rentals		
Alimony, child support or maintenance**		
Other		
Total Income		

**You need not show this unless you wish us to consider it

Annual Expenses

Federal & State Income Taxes	
Real Estate Taxes	
Insurance	
Medical	
Alimony/Child Support	
Tuition	
Other (detail)	
Total Expenses	

Verification of Liquid Assets: For amounts shown in Cash, Savings, Money Markets, CD's, Marketable Securities and Cash Value of Life Insurance below, attach a current statement showing balance of Liquid Assets.

Schedule 1 Cash, Savings, Money Markets, CD's, et

Name of Institution	Type of Account	In Whose Name	Pledged?	Balance
Total				

Schedule 2 Due from Friends, Relatives & Others

Name of Debtor	Owed to	How Payable	Collateral	Maturity Date	Unpaid Balance
		\$ per			
		\$ per			
		\$ per			
Total					

Schedule 3 Mortgage and Contracts for Deed Owned

Name of Debtor	Owed to	How Payable	1st or 2nd Lien	Property Type	Unpaid Balance
		\$ per			
		\$ per			
		\$ per			
Total					

Schedule 4 Securities Owned

# Shares or Bond Amt	Description and L(Listed) or U(Unlisted)	Registered Name	Pledged?	Cost	Present Market Value
Total					

Schedule 5 Retirement Accounts (401k's, IRA's, Pensions, etc)

# Shares or Bond Amt	Description and L(Listed) or U(Unlisted)	Registered Name	Pledged?	Cost	Present Market Value
Total					

Schedule 6 Life Insurance

Insured	Insurance Company	Beneficiary	Face Value	Cash Value	Loans
Total					

Schedule 7 Homestead

Address and Type of Property	Owned By	Monthly Income	Amt of Insurance	Cost/Year Aquired	Present Market Value
Total					

Schedule 8 Other Real Estate Owned

Address and Type of Property	Owned By (Person or Entity Name)	% Ownership	Monthly Income	Cost/Year Aquired	Present Market Value
Total					

Schedule 9 Mortgages or Liens on Homestead

Address	How Payable	Lender	Interest Rate	Maturity Date	Unpaid Balance
	\$ per				
	\$ per				
	\$ per				
Total					

Schedule 10 Mortgages or Liens on Other Real Estate Owned

Address or Entity Name	How Payable	Lender	Interest Rate	Maturity Date	Unpaid Balance
	\$ per				
	\$ per				
	\$ per				
	\$ per				
	\$ per				
	\$ per				
Total					

Schedule 11 Notes Payable Banks & Others, Installment Contracts Payable, & Credit Card Debt

To Whom Payable	Address	Collateral	How Payable	Unpaid Balance
			\$ per	
			\$ per	
			\$ per	
			\$ per	
			\$ per	
Total				

Contingent Liabilities

Name of Debtor	Owed to	How Payable	Collateral	Maturity Date	Unpaid Balance
		\$ per			
		\$ per			
		\$ per			
		\$ per			
Total					

Comment on any contingent liability that is not current, matured or lender is seeking repayment from you:

By mail to: Anchor Bank, N.A.

	Yes	No	Yes	No
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of dependents	<input type="text"/>		<input type="text"/>	
Marital status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)	<input type="checkbox"/>	Married	<input type="checkbox"/>	Married
	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Separated
	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>	Unmarried

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Signature Date

Signature Date

When you have completed these forms please return the signed documents to:

By mail to: Anchor Bank, N.A.
Attn: Anchor Support
14665 Galaxie Avenue, Suite B
Apple Valley, MN 55124

By fax to: Anchor Bank, N.A.
Anchor Support
952-808-8029