# PERSONAL FINANCIAL STATEMENT

# IMPORTANT: Please read and check off one of the following statements

This personal financial statement is being offered in conjunction v	s must also initial in the appropriate area) with an individual application for consumer / business purpose credit, for an ancial reporting requirements. Please complete Sections 1, 3, and 4.
	with a joint application for consumer/ business purpose credit, for an extension or ing requirements. Please complete Sections 1, 2, 3, and 4 and initial below.  Co-Applicant
Section 1 - Individual Information	Section 2 - Other Party Information
Name	Name
Address	Address

City, State, & Zip

Business Name

**Business Address** 

City, State & Zip

Position or Occupation

Length of Employment

City, State, & Zip

Business Name

Business Address

City, State & Zip

Position or Occupation

Length of Employment

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.)

Total Income

Length of Employment			Lengin or Er	npioyment			
Res. Phone	U.S. Citizen		Res. Phone		U.S. Citizen		
Bus. Phone	Permanent Resident Other		Bus. Phone	Permanent Reside		ent	
Section 3 - Statement of Financial Co	ndition as o	f:				2	01_
Assets (Do not include assets of doubtful va	ilue)	In dollars (omit cents)		Liabilities			dollars it cents)
Cash on hand and in this bank			Notes payak	ole to banks - see Schedule	F	\$	-
Cash in other banks (Bank Certificates of Deposit -	see Schedule A)	\$ -	Notes payal	ole to other institutions - see	Schedule F		
U.S. Gov't & marketable securities - see	Schedule B	\$ -	Due to Brok	ers			
Non - marketable securities - see Sche	dule C	\$ -	Amounts pa	yable to others - secured			
Securities held by broker in margin acc	ounts		Amounts pa	yable to others - unsecured			
Restricted, control or margin account st	ocks		Accounts an	nd bills due			
Real Estate owned - see Schedule D		\$ -	Unpaid inco	me tax			
Accounts, loans, and notes receivable			Other unpai	d taxes and interest			
Automobiles			Real Estate	mortgages payable - see S	chedule D	\$	-
Other personal property				(car payments, credit cards,			
Cash surrender value - life insurance - se	e Schedule E	\$ -					
Other assets-itemize - see Schedule G		\$ -					
		·					
			Total Liabil	itiae		\$	
			Total Net W			\$	
Total Assets		\$ -		ities and Net Worth		\$	-
PERSONAL INFORMATION		YES NO	ACCOUN			Ι Ψ	
Do you have a will?		120 110	Name:	1200			
If so, name executor:			Address:				
,			Phone:				
Have you ever declared bankruptcy?							
If so, describe:			ATTORNE	ΕY			
			Name:				
Have you ever been audited by the IRS	?		Address:				
If so, describe:			Phone:				
Section 4-Annual Income							Estimated
For Year Ended		Annual Expenditures		-	t Liabilities		_ Amounts
Salary	0.0	ntal payments		Do you have any	Yes	No	
Bonus & commissions Real Estate taxes & assessments			Contingent liabilities Involvement in pending legal actions?				
Dividends & interest Taxes - federal, state & local							
Real Estate income Insurance payments			Other special debt or circumstances Contested income tax				
Tax Free income	Other contra			liens?			
Other income	(car payments, charge	d support, maintenance		If "yes" to any question(s)	docaribo:		
Other income	Other expens	• • •		ii yes to any question(s)	uescribe:		
(alimony, child support, or separate	Culei expen	303		1			

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

- Total Contingent Liabilities

\$

Total Expenditures

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#### SCHEDULE A - CASH AND CERTIFICATE OF DEPOSIT IN OTHER BANKS

SCHEDULE A - CASH AND CERTIFICATE OF DEPOSIT IN OTHER BANKS							
Name of Institution	In Name of	Are these Pledged or Held by others?	Value				
			\$ -				
			\$ -				
			\$ -				
			Are these Pledged or Held by				

#### SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are the Registered Pledged or Held by others?	Cost	Marke	t Value
				\$ -	\$	-
				\$ -	\$	-
				\$ -	s	

## SCHEDULE C - NON - MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are the Registered Pledged or Held by others?	Original Investment	Current Value	Source of Value
				\$ -	\$ -	
				\$ -	s -	
				\$ -	\$ -	

## SCHEDULE D - RESIDENCE AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Mortgage Maturity
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	

## SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -

## SCHEDULE F - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan / Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Monthly Payment	Amount Owed
	\$ -				\$ -	\$ -
	\$ -				\$ -	\$ -
	\$ -				s -	\$ -

#### SCHEDULE G - BUSINESS VENTURES AND OTHER ASSETS

List Name and Address of Any Business Venture in Which You are an Owner, Stockholder, or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position / Title in the Business	Total Assets of Business	Line of Business	Years in Business
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		

## SCHEDULE H - INVESTMENT CONSIDERATIONS (COMPLETION OF THIS INFORMATION IS OPTIONAL)

CONEDULE II IIII ECIIII III CONOII	DELIANTONO (COM EE NON CO TIMO IN CIMATI	011 10 01 11011	~ <b>-</b> /		
Do you have a brokerage/investment account?	If yes, with who	m?			
Approximate market value?	\$ -				•
Which of the following most accurately reflects your investment of	objectives? (circle one)	Growth	Balanced	Income	
Do you feel your investments are currently meeting your objectiv	res?				
Are you a beneficiary of a retirement plan?	If yes, what type of plan?	IRA	Keogh	401(k)	
Approximate Value?		Company P	rovided		
/We authorize the PFA to provide this Personal Financial Staten affiliates will not affect your loan request.	nent to other financial institutions or banks for fundin (Initials) (Initials)	g consideration.	Utilization of	other bank	

This 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 surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. 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. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed	Signature (individual) Social Security Number Date of Birth	
Date Signed	Signature (other party) Social Security Number Date of Birth	

To protect your privacy, this statement should NOT be emailed after it is completed. You should print this statement, sign and mail it to your Relationship Manager.