

### PERSONAL FINANCIAL STATEMENT

|   |    |      |
|---|----|------|
| Name  | To | Bank |
| Address   |    |      |
| Telephone   |    |      |
| Business or Occupation  |    |      |
| Partner or Officer in any other venture?                                  |    |      |
| Are any assets pledged?   |    |      |
| Have you ever made a composition settlement or taken bankruptcy? Explain: |    |      |
|   |    |      |

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with above named Bank, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition on the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business \_\_\_\_\_, 19\_\_\_\_. Income from alimony, child support or maintenance payments need not be revealed if the undersigned does not choose to disclose such income in applying for credit.

**ASSETS**

**LIABILITIES AND NET WORTH**

|   |           |   |           |
|---|-----------|---|-----------|
| Cash on Hand and in Banks (Schedule 1)            | \$        | Notes Payable to Banks – Secured (Schedule 1) | \$        |
| U.S. Government Securities                        | \$        | Unsecured (Schedule 1)                        | \$        |
| Accounts, Loans and Notes Receivable (Schedule 2) | \$        | Notes Payable to Relatives                    | \$        |
| Cash Surrender Value Life Insurance (Schedule 3)  | \$        | Accounts and Notes Payable to Others          | \$        |
| Other Stocks and Bonds (Schedule 4)               | \$        | Rents and Interest Due                        | \$        |
| Real Estate (Schedule 5)                          | \$        | Taxes Due (Schedule 5)                        | \$        |
| Automobiles – Number ( )                          | \$        | Liens on Real Estate (Schedule 5)             | \$        |
| Other Assets (Itemize)                            | \$        | Other Liabilities (Itemize)                   | \$        |
|   | \$        |   | \$        |
|   | \$        |   | \$        |
|   | \$        |   | \$        |
|   | \$        |   | \$        |
|   |           | <b>TOTAL LIABILITIES</b>                      | <b>\$</b> |
|   |           | <b>NET WORTH</b>                              | <b>\$</b> |
| <b>TOTAL ASSETS</b>                               | <b>\$</b> | <b>TOTAL LIABILITIES AND NET WORTH</b>        | <b>\$</b> |

**INCOME**

**CONTINGENT LIABILITIES**

|                        |           |                                   |    |
|------------------------|-----------|-----------------------------------|----|
| Salary                 | \$        | As Endorser or Co-Maker           | \$ |
| Bonus and Commissions  | \$        | On Loans or Contracts             | \$ |
| Dividends and Interest | \$        | Legal Claims                      | \$ |
| Real Estate Income     | \$        | Provisions for Federal Income Tax | \$ |
|                        |           | Other Special Debt                | \$ |
|                        |           |                                   |    |
| <b>TOTAL INCOME</b>    | <b>\$</b> |                                   |    |

**INSURANCE COVERAGE**

**COMPARISON OF MONTHLY INCOME AND EXPENSES**

|                                   |    |   |           |
|-----------------------------------|----|---|-----------|
| Fire Insurance – Buildings        | \$ | Net Monthly Income                            | \$        |
| Household Effects and Autos       | \$ | Rent or Home Payment                          | \$        |
| Liability Insurance - Automobiles | \$ | Food and Utilities                            | \$        |
| Personal                          | \$ | Incidentals                                   | \$        |
| General Public                    | \$ | Avg. Amt. Paid on Open Accts.                 | \$        |
| Other Insurance                   | \$ | <b>TOTAL EXPENSES</b>                         | <b>\$</b> |
|                                   |    | <b>DIFFERENCE BETWEEN INCOME AND EXPENSES</b> | <b>\$</b> |

The Federal Reserve Bank does not warrant that this form meets current or future Federal Regulation. You are urged to consult with your bank's attorneys on future use of this form in its present format or your own revision.

**SCHEDULES**

**No. 1 Banking Relations. (A list of all my bank savings and loan accounts.)**

| Name and Location | Cash Balance | Amount of Loan | Maturity of Loan | How Endorsed, Guaranteed or Secured |
|-------------------|--------------|----------------|------------------|-------------------------------------|
|                   | \$           | \$             |                  |                                     |
|                   | \$           | \$             |                  |                                     |
|                   | \$           | \$             |                  |                                     |
|                   | \$           | \$             |                  |                                     |
|                   | \$           | \$             |                  |                                     |

**No. 2 Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)**

| Name and Address of Debtor | Amount Owing | Age of Debt | Description or Nature of Debt | Description of Security Held | Date Payment Expected |
|----------------------------|--------------|-------------|-------------------------------|------------------------------|-----------------------|
|                            | \$           |             |                               |                              |                       |
|                            | \$           |             |                               |                              |                       |
|                            | \$           |             |                               |                              |                       |
|                            | \$           |             |                               |                              |                       |
|                            | \$           |             |                               |                              |                       |
|                            | \$           |             |                               |                              |                       |

**No. 3 Life Insurance.**

| Name of Person Insured | Name of Beneficiary | Name of Insurance Co. | Type of Policy | Face Amount of Policy | Total Cash Surrender Value | Total Loans Yearly Policy | Amount of Yearly Premium | Is Policy Assigned? |
|------------------------|---------------------|-----------------------|----------------|-----------------------|----------------------------|---------------------------|--------------------------|---------------------|
|                        |                     |                       |                | \$                    | \$                         |                           | \$                       |                     |
|                        |                     |                       |                | \$                    | \$                         |                           | \$                       |                     |
|                        |                     |                       |                | \$                    | \$                         |                           | \$                       |                     |
|                        |                     |                       |                | \$                    | \$                         |                           | \$                       |                     |

**No. 4 Other Stocks and Bonds.**

| Face Value Bonds No. Stock Shares | Description of Security | Registered in Name of | Cost | Present Market Value | Income Received Last Year | If Pledged State to Whom |
|-----------------------------------|-------------------------|-----------------------|------|----------------------|---------------------------|--------------------------|
| \$                                |                         |                       | \$   | \$                   | \$                        |                          |
| \$                                |                         |                       | \$   | \$                   | \$                        |                          |
| \$                                |                         |                       | \$   | \$                   | \$                        |                          |
| \$                                |                         |                       | \$   | \$                   | \$                        |                          |
| \$                                |                         |                       | \$   | \$                   | \$                        |                          |

**No. 5 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:** \_\_\_\_\_

| Description or Street No. | Dimensions or Acres | Improvements Consist of | Mortgages or Liens | Due Dates & Amounts of Payments | Assessed Value | Present Market Value | Unpaid Taxes |      |
|---------------------------|---------------------|-------------------------|--------------------|---------------------------------|----------------|----------------------|--------------|------|
|                           |                     |                         |                    |                                 |                |                      | Year         | Amt. |
|                           |                     |                         |                    |                                 | \$             | \$                   |              | \$   |
|                           |                     |                         |                    |                                 | \$             | \$                   |              | \$   |
|                           |                     |                         |                    |                                 | \$             | \$                   |              | \$   |
|                           |                     |                         |                    |                                 | \$             | \$                   |              | \$   |
|                           |                     |                         |                    |                                 | \$             | \$                   |              | \$   |

The undersigned certifies that the information inserted on both pages hereof has been carefully read and is true and correct.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_