

Confidential Personal Financial Statement

As of date: _____

Individual 1 (First, Middle, Last-please print)				Individual 2 : (if applicable)		Relationship to Individual 1	
Street Address		Phone		Street Address		Phone	
City/State/Zip		Years at Address		City/State/Zip		Years at Address	
Date of Birth	SSN	# Dependents		Date of Birth	SSN	# Dependents	
Employer		Occupation		Employer		Occupation	
Business Address		Years Employed		Business Address		Years Employed	
City/State/Zip		Business Phone		City/State/Zip		Business Phone	

ASSETS	Schedules	Solely Owned		Jointly Owned Amounts	Total
		Individual 1 Amount	Individual 2 Amount		
Cash in Financial Institutions (including money market accounts, CDs)	A				
Readily Marketable Securities	B				
Non-Readily Marketable Securities (current market value)	C				
Cash Surrender Value of Life Insurance (current market value)	D				
Residential Real Estate (market value)	E				
Real Estate Investments (market value)	F				
Partnerships/PC Interests	G				
Accounts and Notes Receivable	H				
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts	I				
Deferred Income	None				
Personal Property and Other Assets(including automobiles)	J				
Total Assets					

LIABILITIES AND NET WORTH	Schedules	Solely Owned		Jointly Owned Amounts	Total
		Individual 1 Amount	Individual 2 Amount		
Notes Payable	K				
Accounts Payable (including credit cards)	L				
Margin Accounts	C				
Taxes Payable	None				
Mortgage Debt	E				
Life Insurance Loans	D				
Real Estate Investment Loans	F				
Other Liabilities (List)	None				
Total Liabilities					
NET WORTH (Total Assets Less Total Liabilities)					
Schedule M - Contingent Liabilities					

Sources of Income (Annual)			Monthly Expenditures			
Year ending:	Individual 1	Individual 2	Year ending:	Individual 1	Individual 2	Joint
Salary						
Bonus and Commissions						
Dividends/Interest						
Real Estate Income						
Partnership Distributions						
Business Income						
Alimony/Child Support*						
Other Income						
Total			Total			

*Alimony, child support or other separate maintenance income need not be reported if you do not want to have it considered as a basis for repayment

Information Requested:	Individual 1		Individual 2		Comments
	Yes	No	Yes	No	
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Executor:
Are you a defendant in any suits or legal action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please describe:
Have you filed a petition in bankruptcy or has one been filed against you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please describe:
Are you an Executive Officer, Director, or Principal Shareholder of a Bank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank Name:

SCHEDULES - If a schedule does not provide sufficient space to list all your information, please attach a separate schedule.

SCHEDULE A – CASH HELD IN FINANCIAL INSTITUTIONS

Account Number	Type of Account	Financial Institution Name	Balance	Ownership Check applicable box (Individual 1, 2 or Joint)			Pledged?	
				Ind 1	Ind 2	Joint	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total								

SCHEDULE B – READILY MARKETABLE SECURITIES (including non-money market mutual funds)

# shares (stock) or face value (bonds)	Description	Ownership (Check applicable box)			Where Held	Current Market Value	Pledged Amt	Pledged To
		Ind 1	Ind 2	Joint				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total								

SCHEDULE C – NON-READILY MARKETABLE SECURITIES

# of shares (stock) or face value (bonds)	Description	Ownership (Check applicable box)			Where Held	Current Market Value	Pledged Amount	Pledged To
		Ind 1	Ind 2	Joint				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total								

SCHEDULE D – LIFE INSURANCE

Insurance Company	Face Amount of Policy	Type of Policy (Term, Whole, etc.)	Beneficiary	Cash Surrender Value	Amount Borrowed or Assigned as Collateral	Ownership Names
Total						

SCHEDULE E – PERSONAL RESIDENCE AND OTHER PERSONAL HOMES

Personal Residence(s) Property Address(es)	Ownership Check Applicable box			Purchase Year	Cost	Market Value	Loan Balance	Rate	Loan Maturity Date	Monthly Payment	Bank/Lender
	1	2	J								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Total											

SCHEDULE F – REAL ESTATE INVESTMENTS/MORTGAGE DEBT

Investment Property Address(es)	Ownership Check Applicable box			Purchase Year	Cost	Market Value	Loan Balance	Rental income less Expenses	Loan Maturity Date	Monthly Payment	Bank/Lender
	1	2	J								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Total											

SCHEDULE G – PARTNERSHIPS (including majority and minority interests in real estate partnerships) and professional corporations

Type of Investment	Date of Initial Investment	Ownership Interest Percentage	Ownership (Check applicable box)			Current Market value	Debt Owned by Partnership	Bank/Lender
			1	2	J			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total								

SCHEDULE H – ACCOUNTS AND NOTES RECEIVABLE

Obligor	Amount	Terms (Due Date, Rate, Monthly Payment, Maturity)	Secured		Description of Collateral	Pledged Amount	Bank/Lender
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
Total							



SCHEDULE I – IRA, KEOGH, PROFIT-SHARING & OTHER VESTED RETIREMENT ACCOUNTS

Description	# of shares (stock) or face value (bonds)	Ownership (Check applicable box)			Where Held	Current Market Value
		1	2	J		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total						0

SCHEDULE J – PERSONAL PROPERTY AND OTHER ASSETS

Description	Location	Ownership (Check applicable box)			Current Market Value	Pledged Amount	Bank/Lender
		1	2	J			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total							

SCHEDULE K – NOTES PAYABLE

Due To (Lender)	Loan Type (Line, Term, Letter of Credit, etc)	Amount of Commitment/Line	Unpaid Bal of Line or Loan	Payment Terms		Collateral and/or Guarantor(s)	Rate	Maturity
				Freq	Amt			
Total								

SCHEDULE L – ACCOUNTS PAYABLE (Trade debt, credit cards, etc)

Due To (Lender)	Loan Type (Credit Card, Trade, etc)	Amount of Commitment/Line	Unpaid Balance of Line	Payment Terms		Collateral and/or Guarantor(s)	Rate	Maturity
				Freq	Amt			
Total								

SCHEDULE M – CONTINGENT LIABILITIES - List below the details on any obligation(s) for which Individual 1 or Individual 2 are a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership:

Guarantor (Check applicable box)			Borrower	Lender	Amount Guaranteed	Maturity Date	Collateral
Ind 1	Ind 2	Both					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Total					0		

For the purpose of obtaining credit, direct or indirect, and any other accommodations or benefits from Pinnacle Bank (the "Bank"), from time to time, I/we submit above statement of my/our financial condition as of the date indicated above. The information contained in this statement is provided to induce the Bank to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. In consideration of the promises, I/we agree to notify the Bank of any changes affecting my/our financial responsibility and will at any time upon request furnish the Bank a then current statement of my/our financial condition, said statement to be in such form as required by the Bank.

I/we certify as a basis for credit that to the best of my/our knowledge and belief, the information furnished and all representations made herein constitute the true and correct statement of my/our financial condition; that I/we have no assets or liabilities other than as shown on this statement; that all my/our assets are free of lien or assignment except as shown herein and that there are no judgments outstanding or suits pending against me/us except as shown herein. The Bank is authorized to answer any questions about the Bank's credit experience with me/us and furnish to the Bank or any of its subsidiaries information which I/we have provided to the Bank and information regarding my/our accounts. The undersigned authorize any person or consumer reporting agency to give the Bank any information it may have on the undersigned. By signing below, I authorize the Bank to make any inquiries deemed necessary either directly or through any agency employed by the Bank for that purpose in connection with this financial statement.

Individual 1 Signature

Date

Individual 2 Signature

Date

CPA/Accountant Signature

Phone