

Name, Phone No. of your Insurance Advisor

## PERSONAL FINANCIAL STATEMENT AS OF \_\_

PERSONAL INFORMATION **APPLICANT: CO-APPLICANT:** Employer Employer Address of Employer Address of Employer Owner/Developer Title/Position Business Phone No. Title/Position Business Phone No. No. of Years No. of Years Previous Employer and Position (if less than 3 Years) No. of Years Previous Employer and Position (if less than 3 Years) No. of Years Home Address Home Address ( ) Home Phone No. Home Phone No. Social Security Number Date of Birth Social Security Number Date of Birth E-mail Address: E-mail Address: Name, Phone No. of your Accountant Name, Phone No. of your Accountant Name, Phone No. of your Attorney Name, Phone No. of your Attorney Name, Phone No. of your Investment Advisor/Broker Name, Phone No. of your Investment Advisor/Broker

Cash Income & Expenditures Statement for Year Ended (Omit Cents)

Name, Phone No. of your Insurance Advisor

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITUI	RES	AMOUNT
Salary (applicant)	\$	Federal Income and Other Taxes		\$
Salary (co-applicant)		State Income and Other Taxes		
Bonuses & Commissions (applicant)		Rental Payments, Co-op, or Condo Main	tenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments	Residential	
Rental Income			Investment	
Interest Income		Property Taxes	Residential	
Dividend Income			Investment	
Capital Gains		Interest & Principal Payments on Loans		
Partnership Income		Insurance		
Other Investment Income		Investments (including tax shelters)		
Other Income (List)**		Alimony/Child Support		
		Tuition		
		Other Living Expenses		
		Medical Expenses		
		Other Expenses (List)		
TOTAL INCOME >		TOTAL EXPEND	ITURES>	

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this Bank (include money market accounts, CD's)	\$	Notes Payable to this Bank	
Cash in Other Financial Institutions (include money market accounts, CD's)		Secured	\$
		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
Readily Marketable Securities (Schedule A)		Accounts Payable (including credit cards)	
Non-Readily Marketable Securities (Schedule A)		Margin Accounts	
Accounts and Notes Receivable		Notes Due: Partnership (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Taxes Payable	
Residential Real Estate (Schedule C)		Mortgage Debt (Schedule C)	
Real Estate Investments (Schedule C)		Life Insurance Loans (Schedule B)	
Partnerships / PC Interests (Schedule D)		Other Liabilities (List):	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts			
Deferred Income (number of years deferred)			
Personal Property (Including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	\$		\$

CONTINGENT LIABILITIES			AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	YES 🗆	NO 🗆	\$
Do you have any outstanding letter of credit or surety bonds?	YES 🗆	NO 🗆	
Are there any suits or legal actions pending against you?	YES 🗆	NO □	
Are you contingently liable on any lease or contracts?	YES 🗆	NO □	
Are any of your tax obligations past due?	YES 🗆	NO 🗆	
What would be your total estimated tax liability if you were to sell your major assets?			
If yes for any of the above, give details:			

No. of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Ple	dged		
READILY MARKETABLE SEC	READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*								
						YES	NO 🗌		
						YES 🗌	NO 🗌		
						YES 🗌	NO 🗌		
						YES 🗌	NO 🗌		
						YES 🗌	NO 🗌		
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)									
						YES 🗌	NO 🗌		
						YES	NO 🗌		

<sup>\*</sup> If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B - Insurance Life Insurance (use additional sheet if necessary)										
Insurance Company		mount of licy	Type of Policy	f Policy Beneficiary		Cash Surrender Value	Amo Borr		Ownersh	ip
				•	•					
Disability Insurance			Applicant		Co-Applicar	ıt				
Monthly Distribution if Disabled										
Number of Years Covered										
Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)										
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Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)										
Personal Residence Property Address	Legal Owner	Percent Owned	Purchase Year	Price	Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payments	Lender
								Loan		
Investment Property Address	Legal Owner	Percent Owned	Purchase Year	Price	Market Value	Present Loan Balance	Interest Rate	Maturity Date	Monthly Payments	Lender
									_	

Schedule D - Partnerships (less than majority ownership for real estate partnerships)*									
Type of investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date			
Business/Professional (indicate names):									
Investments (Including Tax Shelters):									

 $<sup>^*</sup>$  Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1's.

Schedule E - Notes Payable								
Due to	Type of Facility	Amount of line	Secu	red	Collateral	Interest Rate	Maturity	Unpaid Balance
			YES 🗌	NO 🗌				
			YES 🗌	№ □				
			YES 🗌	NO 🗌				
			YES 🗌	NO 🗌				

Plea	se Answer The Following Questions:						
1.	Income tax returns filed through (date): Are any returns currently being audited or contested? YES NO  If yes, what year(s)?						
2							
2.	Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  YES  NO  If yes, provide details:						
3.	Have you drawn a will? YES NO						
	If yes, please furnish the name of the executor(s) and year will was drawn:						
4.	Number of dependents (excluding self) and relationship to applicant:						
5.	Have you ever had a financial plan prepared for you?  YES  NO  NO						
6.	Did you include two years federal and state tax returns? YES NO						
7.	Do (either of) you have a line of credit or unused credit facility at any other institution(s)?  YES  NO						
1	If so, please indicate where, how much, and name of banker:						
	,						
8.	Do you anticipate any substantial inheritances? YES NO						
	If yes, please explain:						
1		-					
<u>APP</u> 9.	LICANT: Are you a US citizen? YES NO If No – Are you a Permanent Resident Alien? YES NO NO						
	APPLICANT:						
10.	Are you a US citizen? YES NO III NO Are you a Permanent Resident Alien? YES NO III NO III						
Rep	presentations and Warranties						
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 guarantee 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 guarantee 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. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. 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. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. The personal financial statement and any other financial or other information that the undersigned give you shall be your property.							
Dat	Your Signature						

Co-Applicant's Signature

(If you are requesting the financial accommodation jointly)

Date