

PERSONAL FINANCIAL STATEMENT

SECTION 1 - INDIVIDUAL INFORMATION

NAME:	
ADDRESS:	
CITY:	
POSITION:	
LENGTH OF EMPLOYMENT:	

STATE:

BUSINESS NAME: BUSINESS ADDRESS: BUSINESS CITY: BUSINESS PHONE:

STATE:

SECTION 2 - OTHER PARTY INFORMATION

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF:
NAME: BUSINESS NAME: ADDRESS: BUSINESS ADDRESS: CITY: STATE: BUSINESS CITY: STATE: POSITION: BUSINESS PHONE: LENGTH OF EMPLOYMENT:

ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
CASH IN BANK: \$		NOTES PAYABLE TO BANKS - SCHEDULE E: \$	5
CASH IN OTHER BANKS: \$		NOTES PAYABLE TO OTHER INSTITUTIONS - SCHEDULE E: \$,
SCHEDULE A: \$		DUE TO BROKERS: \$	
NON-MARKETABLE SECURITIES SCHEDULE B: \$		AMOUNTS PAYABLE	
SECURITIES HELD IN MARGIN ACCOUNTS: \$		- SECURED: \$ AMOUNTS PAYABLE	
RESTRICTED CONTROL STOCKS (IRA, 401K): \$		- UNSECURED: \$ ACCOUNTS AND	
REAL ESTATE EQUITIES		BILLS DUE: \$	
SCHEDULE C: \$ RECEIVABLES		UNPAID INCOME TAX: \$ OTHER UNPAID TAXES	
(REAL ESTATE ESCROW): \$		AND INTEREST: \$	
AUTOMOBILES: \$		REAL ESTATE MORTGAGES SCHEDULES C & E: \$	3
OTHER PERSONAL PROPERTY: \$		OTHER DEBTS: \$	3
LIFE INSURANCE CASH VALUE SCHEDULE D: \$		AUTO LOAN: \$	3
TOTAL ASSETS: \$		CREDIT CARDS: \$	3
		TOTAL LIABILITIES: \$	6
		NET WORTH: \$	5
		TOTAL LIABILITIES AND NET WORTH: \$	5

SECTION 4 - ANNUAL INCOM	E	
INCOME FOR YEAR: \$	ANNUAL EXPENDITURES: \$	
SALARY, BONUSES, COMMISSIONS: \$	MORTGAGE/RENTAL PAYMENTS: \$	
DIVIDENDS AND INTEREST: \$	REAL ESTATE TAXES & ASSESSMENTS: \$	
REAL ESTATE INCOME: \$	FEDERAL, STATE & LOCAL TAXES: \$	
OTHER	INSURANCE PAYMENTS: \$	
: \$	INSTALLMENT PAYMENTS: \$	
: \$	OTHER	
: \$: \$	
TOTAL INCOME: \$: \$	
	TOTAL EXPENDITURES: \$	

CONTINGENT LIABILITIES

ENDORSER, CO-MAKER OR GUARANTOR? INVOLVEMENT IN PENDING LEGAL ACTION? OTHER SPECIAL DEBT OR CIRCUMSTANCES? CONTESTED INCOME TAX LIENS?

SCHEDULE A - MA	RKETABLE	SECURITIE	S			
DESCRIPTION	# OF SHARES	IN NAM	e of pl	EDGED?	VALUE	
				TOTAL: \$		
SCHEDULE B - NO DESCRIPTION	% INTEREST	ABLE SECU		EDGED?	VALUE	
				TOTAL: \$		
				TUTAL. \$		
<u>SCHEDULE C - RES</u>						
ADDRESS AND TYPE OF PROPER	RTY MORT	GAGE AMOUNT	IN NAME OF M	ARKET VALUE	RE TAX VA	LUE OF SHARE
TOTAL	\$		\$	\$	\$	
	φ		Φ	Ŀ	Φ	
SCHEDULE D - LIF	E INSURAN	ICE CARRIE	D, INCLUDIN	IG GROUP	INSURA	NCE
INSURANCE COMPANY	OWNER OF POL	LICY BENEFIC	IARY ANNUAL PI	REMIUM	AMOUNT	CASH VALUE
TOTAL			\$	\$	\$	
			Ψ	Ψ	Ψ	
SCHEDULE E - BAI	NK AND OI	HER INSTI	TUTIONAL RI	ELATION	SHIPS	
INSTALLMENT CREDIT	SECURITY	DATE OF LOAN	MATURITY DATE	PAYMENT	AMO	OUNT OWED
TOTAL			Φ.		φ.	
SAVINGS ACCOUNTS			\$		5	
	BALANCES			TS	\$ BALANCES	
	BALANCES		[⊅] CHECKING ACCOUN	TS	\$ BALANCES	
	BALANCES			TS		
	BALANCES			TS		
TOTAL	BALANCES			TS \$		
TOTAL S RETIREMENT ACCOUNTS						
	\$					
	\$					
	\$ BALANCES					

The information contained in the statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit to the undersigned or to others upon the guaranty of the undersigned acknowledge and 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 authorizes you to answer questions about your \credit experience with the undersigned.

ELECTRONIC SIGNATURE

DATE OF BIRTH:

SOCIAL SECURITY NO: