



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

Description	Name of Institution	In Name of	Are these Pledged or Held by others?	Value
				\$ -
				\$ -
				\$ -

**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	Market Value
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -

**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
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	

**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
	\$ -				\$ -	\$ -
	\$ -				\$ -	\$ -
	\$ -				\$ -	\$ -

**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)**

Do you have a brokerage/investment account? \_\_\_\_\_ If yes, with whom? \_\_\_\_\_  
 Approximate market value?                     \$                     \_\_\_\_\_  
 Which of the following most accurately reflects your investment objectives? (circle one)                      Growth                      Balanced                      Income  
 Do you feel your investments are currently meeting your objectives?                       
 Are you a beneficiary of a retirement plan?                      If yes, what type of plan?                      IRA                      Keogh                      401(k)  
 Approximate Value?                                           Company Provided

I/We authorize the PFA to provide this Personal Financial Statement to other financial institutions or banks for funding consideration. Utilization of other bank affiliates will not affect your loan request. \_\_\_\_\_ (Initials) \_\_\_\_\_ (Initials)

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.