



Note: Any willful misrepresentation could result in a violation of Federal Law (Sec. 18 U.S.C. 1014).

I may apply for a credit extension, loan or other financial accommodation alone or together with someone else ("co-applicant"). If I apply with a co-applicant and our combined assets and debts can meaningfully and fairly be presented together, the co-applicant and I may complete this required statement and any supporting schedules jointly. Otherwise, separate forms and schedules are required. This form is also to be used annually for requested updated information.

Preferred CIB Branch			Banker						
Applicant			Co-Applicant						
Full Name			Full Name						
Street Address			Street Address						
City/State/Zip			City/State/Zip						
Driver's License #	Social Secur	ity#	Driver's License #	Social Security #					
Own Rent Amt. / mo.	Birth Date	# Dependents	Own Rent Amt. / mo.	Birth Date # Dependents					
e-mail / fax number	·	·	e-mail / fax number						
Phone: Home	Phone: Cell Phone: Work		Phone: Home	Phone: Cell Phone: Work					
Employer			Employer						
Address			Address						
Position/Title:		# of years	Position/Title:	# of years					
Marital Status* Unmar	ried Married	Separated	Marital Status* Unmarrie	ed Married Separated					
*Do not provide this information if	your application is for indiv	ridual, unsecured credit.							

Assets	J/I	Amount (\$)	Liabilities	J/I	Amount (\$)	
Cash (Schedule 1)			Short Term Notes Due Bank Inst. (Sch. 7)			
Securities (Schedule 2)			Short Term Notes Due to Others (Sch. 7)			
Life Insurance Cash Value (Schedule 3)			Insurance Loans (Schedule 3)			
Homestead (Schedule 5)			Installment Loans and Contracts (Sch. 7)			
Other Real Estate (Schedule 5)			Home Mortgage(s) (Schedule 5)			
Mortgages/ Contracts Owned (Sch. 4)			Mortgage(s) on Other Real Estate (Sch. 5)			
Profit Sharing & Pension (Schedule 6)			Federal and State Taxes			
Retirement Accounts (Schedule 1)			Real Estate Taxes			
IRA Accounts (Schedule 1A)			Loans on Profit Sharing & Pension (Sch. 6)			
Automobiles (Describe)		Other Liabilities (Describe)				
Personal Property (Describe)						
			Total Liabilities			
Other Tangible Assets (Describe)			Net Worth (Total Assets minus Total Liabilities)			
Total As	Total Assets \$		Total Liabilities & Net Worth \$			

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)				
Salary (applicant)		Federal Income and Other Taxes					
Salary (co-applicant)		State Income and Other Taxes					
Bonuses & Commissions (applicant)		Mortgage Payments (Residential)					
Bonuses & Commissions (co-app.)		Mortgage Payments (Investment)					
Alimony/Child Support/Maintenance*		Alimony/Child Support/Maintenance*					
Rental Income		Rental Payments					
Other income (list)		Other income (list)					
Total Income \$		Total Expenditures \$					

^{*}Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

SCHEDULE 1 / CASH ON HAND, SAVINGS, CERTIFICATES, AND MONEY MARKET ACCOUNTS

Name of Bank, Financial Institution or Brokerage Firm	Type of Account	Pledged Y/N	In Whose Name	Account Balance (\$)		
	Total \$					

SCHEDULE 1A / IRA ACCOUNTS

Name of Bank, Financial Institution or Brokerage Firm	Type of Account	Pledged Y/N	In Whose Name	Account Balance (\$)
			Total \$	

SCHEDULE 2 / SECURITIES OWNED

No. Shares	Description	In whose name(s) registered	Listed/Unlisted Exchange	Controlled/ Restricted/Pledged	Cost (\$)	Present Market Value (\$)

SCHEDULE 3 / LIFE INSURANCE

Insurance Company /Agency	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loan (s) against Policy
		Total \$			

SCHEDULE 4 / RECEIVABLES, MORTGAGES AND/OR CONTRACTS OWNED

Name of Debtor	Description of Property	Date Purchased	1 st lien or 2 nd lien	Date of Maturity	Repayment terms \$ Per		Balance Due (\$)
					\$	Per	
					\$	Per	
	Total					Per	

Personal Residence Property	Lender	Price	Purchase	Int. Rate	Mat. Date			nt Loan		Monthly
Address			Year	0/		Market Value	Ba	lance		Payment
				% %						
Other Real Estate Type / Property Address	% Ownership/Lender	Price	Purchase Year	Int. Rate	Mat. Date	Current Market Value		nt Loan lance	Monthly Income	Monthly Payment
	1			%						
	1			%						
					Totals	\$				
SCHEDULE 6 / PROFIT SH	IARING AND PENSI	ON								
Name of Institution or Plan	Type of Accoun	t /	Account Balar	ice	Amour	nt Totally Vested			Loan (\$	5)
	Total	c ¢								
	Total	5 ⊅								
SCHEDULE 7 / LOANS PA		& OTH								D 1 (f)
To Whom Payable	Address		Rate 1	ype of Coll Unsecu		Maturity Date	How	Payable	Unpaid	Balance (\$)
			%				\$	Per		
			%				\$	Per		
						Total	\$	Per		
Mtg./Homeowners Ins. Co			Agent				Phon	e #		
=			_							
Business Ins. Co.										
			Α	pplicant	:				Co-Appli	cant
Have you ever gone through bar	nkruptcy or had a judgme	nt agains	t you?	☐ Yes ☐ NO					☐ Yes	□ NO
Are there any suits or legal actio	ns pending against you?			Yes NO						□NO
Are any of your tax obligations p	oast due?] Yes [NO				Yes	□ NO
Have you made a will?				☐ Yes ☐ NO						□ NO
Do you have any outstanding let	tters of credit or surety bo	nds?		☐ Yes ☐ NO					Yes	□ NO
Are any assets pledged or debts	secured except as shown	?] Yes [NO				Yes	□ NO
If yes to any of the above, give of			<u>'</u>							
Are you a guarantor, co-maker of an individual, corporation or par	or endorser for any debt o tnership?	f] Yes [NO				☐ Yes	□ NO
Are you contingently liable on a] Yes	NO				Yes	□ NO
Contingent Liabilities; on damag	ge claims, for taxes, other	1] Yes [NO				Yes	□ NO
CONTINGENT LIABILITIE			-		<u> </u>			<u> </u>		
To Whom Payable	Liability Am	ount			Collatera	l / Unsecured		9	low Payal	Per
									5	Per
This statement is given to you for the live will give prompt written notice understand that you will keep this promy/our credit & employment history	e of any substantial change personal financial statemen	in such fi t whether	inancial condi r or not you ap	tion occurr prove the c	ing before fu credit for wh	ll payment of my ich it is submitted	/our oblig l. You ar	al conditions to	on at this tim you. I/we	
,, our cream & emproyment motor	., or arry ource innormation	Provided	. arreir air Outsi	arraning act	w or guarant	., o are satisfica III	* CIII+			

Date

Applicant signature

Co-applicant signature (if you are requesting the financial accommodation jointly)