

PERSONAL FINANCIAL STATEMENT

SECTION 1: INSTRUCTIONS

This Personal Financial Statement (PFS) is being submitted by the individual(s) named in Section 2 below. In Section 2, indicate whether this PFS is being completed jointly with another person. A joint PFS may be used if the assets and liabilities of each person are sufficiently joined so the PFS can be meaningfully and fairly presented on a combined basis; otherwise, please use a separate PFS. Complete Sections 3 and 4, along with appropriate schedules in Section 8. After answering declaration questions in Section 5 and reviewing the certifications in Section 6, sign and date this PFS in Section 7.

| SECTION 2: IDENTIFYING I | NFORMATION | | |
|--------------------------|---------------------------|---------------------------|--------------------------|
| | This PFS is being complet | ted: JOINTLY NOT JOIN | TLY |
| Name | | | |
| SSN/DOB | Social Security Number | Date of Birth (MM/DD |)/YYY) |
| | Street Address | <u>.</u> | |
| Home Address | City | State | Zip Code |
| Phone Number | | | ☐ Cell ☐ Home ☐ Business |
| E-Mail Address | | | ☐ Home ☐ Business |
| | Employer | | |
| | Street Address | | |
| Employment | City | State | Zip Code |
| | Position/Title | Length of Employmen | ıt |
| Name | | • | |
| | Social Security Number | Date of Birth (MM/DD |)/YYYY) |
| SSN/DOB | | | |
| | Street Address | | |
| Home Address | City | State | Zip Code |
| Phone Number | | | ☐ Cell ☐ Home ☐ Business |
| E-Mail Address | | | ☐ Home ☐ Business |
| | Employer | | |
| | Street Address | | |
| Employment | City | State | Zip Code |
| | Position/Title | Length of Employmen | ıt |



SECTION **3**: **A**SSETS & **L**IABILITIES

| BALANCE SHEET | | | | | | |
|--|-------------|---------------------|-------------|--|--|--|
| Assets | Amount (\$) | LIABILITIES | AMOUNT (\$) | | | |
| Cash Accounts (Schedule A) | | Installment Loans | | | | |
| Stocks, Bonds, and Securities (Schedule B) | | Credit Cards | | | | |
| Retirement Accounts (Schedule C) | | Other Credit Lines | | | | |
| Real Estate (Schedule D) | | Mortgage Debt | | | | |
| Loans Receivable | | Other Payables | | | | |
| Autos & Other Personal Property | | Unpaid Income Tax* | | | | |
| Cash Value Life Insurance (Schedule E) | | Other Debts | | | | |
| Value of Businesses Owned (Schedule F) | | | | | | |
| Other Assets | | | | | | |
| TOTAL ASSETS | | TOTAL LIABILITIES | | | | |
| | <u> </u> | NET WORTH | | | | |

| *Income Taxes Settled Through | |
|-------------------------------|--|
|-------------------------------|--|

| CONTINGENT LIABILITIES | | | | | | | | |
|---------------------------------|--------------------------------------|--|--|--|--|--|--|--|
| LIABILITY TYPE | LIABILITY TYPE YES/NO AMOUNT OWED TO | | | | | | | |
| Guarantor, Co-Maker, Endorser | Y 🗆 N 🗆 | | | | | | | |
| Lease or Contract Liabilities | Y 🗆 N 🗆 | | | | | | | |
| Legal Claims | Y □ N □ | | | | | | | |
| Taxes (e.g. income, employment) | Y 🗆 N 🗆 | | | | | | | |
| Other | Y □ N □ | | | | | | | |

| ADDITIONAL INFORMATION/COMMENTS | | | | |
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SECTION 4: OTHER INCOME & EXPENSES

We will rely on financial documents you provide to us, including tax returns, as well as information from your credit report to determine your income and debt payments. If you have other sources of income, significant expenses (e.g. rental payments), or you make debt payments that are not reflected on your credit report, please include that information here. *Note: Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment.*

| | Іпсоме | ANNUAL AMOUNT (\$) | EXPENSES | ANNUAL AMOL | INT (\$) |
|------|--|------------------------------------|---------------------------------------|-------------|-----------------|
| | INCOME | ANNOAL ANIOUNT (#) | EAFLINGES | ANNOAL AMOU | ΣΙΚΊ (Ψ) |
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| | | ADDITIONAL INFORMA | ATION/COMMENTS | | |
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| SECT | TION 5: DECLARATIONS | | | | |
| | *If you answer | 'Yes" to any Declaration, please p | provide an explanation in the section | below* | |
| a. | In the last 7 years, have you fi entity that filed bankruptcy? | led bankruptcy or have you beer | n a principal or guarantor of a busin | ess 🗆 Yes | □ No |
| b. | Have you ever been convicted | d of a felony? | | ☐ Yes | \square No |
| C. | Are you a U.S. citizen? | | | ☐ Yes | \square No |
| | a. If not, are you a perm | nanent resident alien? \Box Yes | □ No | | |
| d. | Are you an owner or officer o | f any other business? | | ☐ Yes | \square No |
| e. | Do you have any unsatisfied j | udgments, liens, or legal actions | against you? | ☐ Yes | \square No |
| f. | Are you a defendant in any la | wsuits or legal actions? | | ☐ Yes | □ No |
| g. | Are you delinquent on payme | ent of any personal income taxes | or real estate taxes? | ☐ Yes | □ No |
| h. | Are you obligated to pay alim | nony, child support, or separate n | naintenance payments? | ☐ Yes | □ No |
| i. | In the last 7 years, have you h | ad property foreclosed upon or | given a deed a lieu of foreclosure? | ☐ Yes | □ No |
| | | | <u>.</u> | | |
| | | EXPLANATIONS (IF | APPLICABLE) | | |
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SECTION 6: CERTIFICATION

- a. This PFS is provided to the Bank in connection with an application to extend credit and/or to continue its present extensions of credit.
- b. The Signer certifies that all of the information in the PFS is true, correct, and complete, and accurately reflects the condition and affairs of the Signer as of the Date(s) indicated in Section 7.
- c. The Signer agrees to provide prompt written notice to the Bank of any changes in name, address, or employment and of any material adverse change: (1) in any of the information contained in this PFS; or (2) in the financial condition of the Signer; or (3) in the ability of the Signer to perform any of the Signer's obligations to the Bank. In the absence of such notice or an updated PFS, this PFS will be considered as a continuing and accurate PFS of financial condition.
- d. The Signer authorizes the Bank to make all inquiries deemed necessary, including (without limitation) business or consumer credit report(s), to verify the accuracy of the information contained in this PFS and to determine the creditworthiness of the Signer. The Signer acknowledges that the Bank may obtain subsequent report(s) without any further authorization from the Signer. As permitted by applicable law, the Signer authorizes the Bank to share information with such persons the Bank deems appropriate in connection with Signer's credit relationship with the Bank, and to answer questions or report about the Bank's credit experience with the Signer.

SECTION 7: SIGNATURE(S)

| | Signatures | | | | | | |
|----------------------------|---|------|------------|--|--|--|--|
| By signing below complete. | By signing below, I certify that the information and representations made in this Certification are true, accurate, and complete. | | | | | | |
| Signature | | Date | MM/DD/YYYY | | | | |
| Name | | Date | | | | | |
| Signature | | Date | MM/DD/YYYY | | | | |
| Name | | Date | | | | | |



SECTION 8: SCHEDULES

| SCHEDULE A: BANK ACCOUNTS | | | | | | | |
|---------------------------|--------------|------|-----------------|--|--|--|--|
| ACCOUNT OWNER | ACCOUNT TYPE | BANK | CURRENT BALANCE | | | | |
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| | SCHEDULE B: STOCKS, BONDS, SECURITIES | | | | | | |
|--------|---------------------------------------|-------|--------------|----------|--|--|--|
| Number | DESCRIPTION | Owner | MARKET VALUE | PLEDGED? | | | |
| | | | | Y □ N □ | | | |
| | | | | Y □ N □ | | | |
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| SCHEDULE C: RETIREMENT ACCOUNTS | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|
| DESCRIPTION HELD BY OWNER AMOUN | | | | | | | |
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| SCHEDULE D: REAL ESTATE OWNED | | | | | |
|-------------------------------|-------|--------------|--------------|-----------------|--------|
| Address | OWNER | MARKET VALUE | LOAN BALANCE | MONTHLY PAYMENT | Lender |
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| SCHEDULE E: LIFE INSURANCE | | | | | | |
|----------------------------|-------|-------------|-------------|------------|--------------|--|
| INSURANCE COMPANY | OWNER | BENEFICIARY | FACE AMOUNT | CASH VALUE | POLICY LOANS | |
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| SCHEDULE F: BUSINESSES OWNED | | | | | | |
|------------------------------|--------------|-------------|----------------|---------------|-------------|--|
| Name | TOTAL ASSETS | OWNERSHIP % | Position/Title | BUSINESS TYPE | YEAR FORMED | |
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| ADDITIONAL INFORMATION/COMMENTS | |
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