



Type of Credit - Check the appropriate box

provide financial information about yourself only

jointly with the following person: _____

Relationship with person: _____

Date of Financial Statement: _____

SECTION A: PERSONAL INFORMATION

| | | | | | |
|---------------|---------------------|---------------|----------|--------------|----------------------|
| NAME | SOCIAL SECURITY NO. | DATE OF BIRTH | | | NUMBER OF DEPENDENTS |
| SPOUSE'S NAME | SOCIAL SECURITY NO. | DATE OF BIRTH | | | |
| HOME ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER | LENGTH? |
| EMPLOYER | BUSINESS ADDRESS | | POSITION | PHONE NUMBER | LENGTH? |

SECTION B: PERSONAL BALANCE SHEET

| SECTION A: ASSETS (Schedules) | | SECTION B: LIABILITIES (Schedules) | |
|-------------------------------|-----------|------------------------------------|-----------|
| (1) Cash | \$ | Credit Card Debt | \$ |
| (2) Marketable Sec. | \$ | Taxes Payable | \$ |
| (3) Nonmark. Sec. | \$ | (5) Homestead Debt | \$ |
| (4) Business Investments | \$ | (5) Other R/E Debt | \$ |
| (5) Homestead R/E | \$ | (8) Notes Payable | \$ |
| (5) Other R/E | \$ | (2) Margin Debt | \$ |
| (6) Retirement Assets | \$ | (7) Automobile Debt | \$ |
| Personal Effects | \$ | (7) Personal Effects Debt | \$ |
| Automobiles | \$ | (7) CVLI Debt | \$ |
| Cash Value Life Insurance | \$ | Other Liabilities: | |
| Miscellaneous Assets: | | | \$ |
| | \$ | | \$ |
| | \$ | TOTAL LIABILITIES | \$ |
| TOTAL ASSETS | \$ | NET WORTH | \$ |
| | | TOTAL L & NW | \$ |

SECTION C: PERSONAL CASH FLOW STATEMENT (ANNUAL)

| SOURCE OF FUNDS (INCOME) | | USE OF FUNDS (EXPENSES) | |
|--------------------------------|-----------|----------------------------|-----------|
| Gross Salaries/Wages | | Living Expenses | |
| Bonuses/Commissions | | R/E Payments | |
| Interest/Dividends | \$ | Installment Payments | \$ |
| Business Distributions | \$ | Business Contributions | \$ |
| Other Income (specify): | | Other Expenses (specify): | |
| | \$ | | \$ |
| | \$ | | \$ |
| TOTAL CASH INCOME | \$ | TOTAL CASH EXPENSES | \$ |
| TOTAL ANNUAL CASH FLOW: | | \$ | |

SECTION D - CONTINGENT LIABILITIES

| | | | |
|--------------------------|----|-----------|--|
| (A) As Guarantor/Comaker | \$ | | |
| (B) | \$ | | |
| TOTAL A&B | | \$ | |

Describe A-G from above on back page. (Include Beneficiary Party, Amount Obligated and When Obligated, Purpose, and Maturity Date.)

| SCHEDULE 1-CASH | | | | | |
|-----------------|-----------|-----------------|------|--------|----------|
| ACCT HOLDER | BANK NAME | CURRENT BALANCE | TYPE | JOINT? | PLEGDED? |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| TOTALS | | \$ | | | |

| SCHEDULE 2- MARKETABLE SECURITIES (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.) | | | | | |
|---|----------|-------------|------------------|--------------|----------|
| DESCRIPTION | # SHARES | MARGIN DEBT | ACQUISITION COST | MARKET VALUE | PLEGDED? |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| TOTALS | | \$ | \$ | \$ | |

| SCHEDULE 3 - NON-MARKETABLE SECURITIES | | | | |
|--|----------|------------------|--------------|----------|
| DESCRIPTION | # SHARES | ACQUISITION COST | MARKET VALUE | PLEGDED? |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| TOTALS | | \$ | \$ | |

| SCHEDULE 4 - INVESTMENTS IN BUSINESSES | | | | | | |
|--|---------|--------------|-------|---------------|---------------|-----------------|
| BUSINESS NAME | % OWNED | LAST FYE N/W | VALUE | DISTRIBUTIONS | CONTRIBUTIONS | GUARANTEED DEBT |
| | | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ |
| TOTALS | | | \$ | \$ | \$ | \$ |

| SCHEDULE 5 - REAL ESTATE RELATED DEBT | | | | | | |
|---------------------------------------|---------|-------------|------|----|------|-----|
| LOCATION | % OWNED | LIEN HOLDER | COST | MV | DEBT | MDS |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| TOTALS | | | \$ | \$ | \$ | \$ |

| SCHEDULE 6 - IRA'S, KEOGH'S & OTHER QUALIFIED PLANS | | | | |
|---|----------|-----------------|---------------|-----------|
| TYPE | % VESTED | CURRENT BALANCE | CURRENT LOANS | NET VALUE |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| TOTALS | | \$ | \$ | \$ |

| SCHEDULE 7 - OTHER ASSETS | | | |
|----------------------------------|---------------------|---------------------|-----------------------------|
| DESCRIPTION | MARKET VALUE | DEBT BALANCE | MONTHLY DEBT SERVICE |
| AUTOMOBILES | \$ | \$ | \$ |
| CASH VALUE LIFE INSURANCE | \$ | \$ | \$ |
| PERSONAL EFFECTS | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ |

SCHEDULE 8 - NOTES PAYABLE
(excludes homestead, other r/e, and guaranteed debt)

| NAME OF FINANCIAL INSTITUTION | COLLATERAL TYPE | DEBT BALANCE | MONTHLY DEBT SERVICE |
|--------------------------------------|------------------------|---------------------|-----------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| TOTALS | | \$ | \$ |

The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit. I/We agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition. I/We authorize Prime Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/We authorize and instruct any person or consumer reporting agency to furnish to Prime Bank any information that that it may have or obtain in response to such credit inquiries.

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

| APPLICANT SIGNATURE | DATE | JOINT APPLICANT SIGNATURE | DATE |
|----------------------------|-------------|----------------------------------|-------------|
| | | | |

- (1) Are you a defendant in any suits or legal actions?
- (2) Have you drawn a will?
- (3) Have you ever filed a petition in bankruptcy?
 Has one ever been filed against you involuntarily?

If "yes" was answered to question numbers (1) or (3), please explain on page 4 under "additional comments".

ADDITIONAL COMMENTS

Large empty rectangular area for providing additional comments.

Applicant Signature

Date

Additional Applicant Signature (if applicable)

Date