

SECTION 1 - INDIVIDUAL INFORMATION (TYPE OR PRINT)

Individual Applicant (complete all sections)

Joint Applicant - (complete all sections)

| Name: | | Co-Applicant: | |
|--------------------|-----------------|--------------------|-----------------|
| Address: | | Address: | |
| City, State & Zip: | | City, State & Zip: | |
| Social Security #: | DOB: | Social Security #: | DOB: |
| Occupation: | | Occupation: | |
| Business Name: | | Business Name: | |
| Business Address: | | Business Address | |
| City, State & Zip: | | City, State & Zip: | |
| Length of Employ | | Length of Employ | |
| Residence Phone: | Business Phone: | Residence Phone | Business Phone: |

SECTION 2 - STATEMENT OF FINANCIAL CONDITION AS OF

20

| Assets | In Dollars | Liabilities | In Dollars |
|---|------------|--|------------|
| Cash in Bank (Bank Certificate of Deposit - see Sch. A) | | Notes Payable to Banks - see Sch. F | |
| U.S. Gov't & Marketable Securities - see Sch. B | | Notes Payable to other Institutions - see Sch. F | |
| Non-marketable Securities - see Sch. C | | Due to Brokers | |
| Securities held by broker in margin accounts | | Amounts Payable to Others - secured | |
| Vested Interest in Retirement Accounts | | Amounts Payable to Others - unsecured | |
| Real Estate Owned - see Sch. D | | Accounts and bills due | |
| Accounts, loans and notes receivable | | Unpaid income tax | |
| Automobiles | | Other unpaid taxes and interest | |
| Other personal property | | Real estate mortgages payable - see Sch. D | |
| Life Insurance - cash surrender value - see Sch. E | | Other debts (car payments, credit cards) - itemize | |

| Other Assets- item | ize - see S | sch. G. if appli | cable | | | | | |
|---|-------------|------------------|---------|----------|------------------|------------------|------------|------|
| | | , | | | 1 | | | |
| Total Assets | | | | \$ - | Total Liabilitie | es | | \$ - |
| • | | | | | Net Worth | | | \$ - |
| | _ | | | | Total Liabilitie | es and Net Worth | | \$ - |
| PERSONAL INFO | RMATIO | | | | | | | |
| | | | | | | | | |
| Do you have a | Yes | No | | EXECUTOR | | | ACCOUNTANT | |
| will? If so, name executor: | | | Name: | | | Name: | | |
| | | | Address | | | | | |
| Have you ever | | | Phone: | | | Phone: | | |
| declared bankruptcy? | | | | | | | ATTORNEY | |
| | | | | | | Name: | | |
| Have you ever | | | | | | Address | | |
| been audited by the IRS? If so, attach description. | | | | | | Phone: | | |

SECTION 3 - INCOME, EXPENDITURES & CONTINGENT LIABILITIES

| Section 3 - Annual Income | | Annual Expenditures | | Contingent Liabilities | | | Estimated Amount |
|--|--|--|------|--|-----|----|---------------------|
| Salary | ı | Mortgage/rental payments | | Do you have any | Yes | No | |
| Bonuses & Commissions | F | Real Estate taxes & assessments | | Contingent Liabilities | | | |
| Dividends & Interest | - | Taxes - Federal, State & Local | | (as endorser, co-maker, guarantor or surety?on | | | |
| Distributions | I | Insurance Payments | | leases?contracts:) | | | |
| Real Estate Income | | Other centraet novments (ear | | Involvement in pending legal act | | | |
| Tax Free Income | ļ, | Other contract payments (car payments, charge cards, etc.) | | Other special debt circumstance | | | |
| Other income (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) | <u>, </u> | Alimony, child support, etc. | | Contested income tax liens? | | | |
| Total Income | \$ - | Total Expenditures | \$ - | Total Contingent Liabilities | | | \$ - |

(USE ADDITIONAL SCHEDULES IF NECESSARY AND ATTACH TO THIS FORM) SCHEDULE A - CASH AND CERTIFICATES OF DEPOSIT IN OTHER BANKS

| Description | Name of Institution | In Name of | Value | Pledged | |
|-------------|---------------------|-------------|-------|---------|----|
| Description | Name of institution | III Name of | value | YES | NO |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | \$ - | | |

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

| Description | Number of Shares or Face | In Name of | Market Value | Pledged/Hel | Dogistoro | |
|-------------|--------------------------|------------|----------------|-------------|-----------|-----------|
| Description | Value of Bonds | In Name of | iviaiket value | YES | NO | Registere |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE C - NON-MARKETABLE SECURITIES

| Description | In Name of | Current Value | Pledged/He | ld by Others | Degistered | |
|-------------|------------|---------------|------------|--------------|------------|--|
| Description | in Name of | Current Value | YES | NO | Registered | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE D - RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

| Address and Type of Property | Title in Name of | % of Ownership | Date Acquired | Market Value | Monthly Payment | Mortgage Balance |
|------------------------------|------------------|-------------------|---------------|--------------|--------------------|------------------|
| | | | | | | |
| | | | | | | |

| | \$ - | \$ - | \$ - | | | | | |
|--|------|------|------|--|--|--|--|--|
| | | | • | | | | | |
| SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE | | | | | | | | |
| SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE | | | | | | | | |

| Name of Insurance Company | Owner of Policy | Beneficiary/Relation | Face Amount | Cash Surrender Value | Policy Loans |
|---------------------------|-----------------|----------------------|-------------|----------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | \$ - | \$ - | |

SCHEDULE F - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

| Name and Address of Credit | Original Loan/Line Amount | Date of Loan | Maturity Date | Unsecured/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 | % of Ownership | Your Position/Title in the Business | Total Assets of Business | Line of Business | Number Years in Business |
|---|--------------|-------------------|-------------------------------------|-----------------------------|------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | \$ - | | | \$ - | | |

The undersigned certify(ies) that the pages herein and any schedules attached hereto have been carefully read by the undersigned, and the information contained herein and attached hereto is true and correct. The undersigned gives the above information for the purpose of obtaining credit and authorizes the bank to investigate his or her creditworthiness through any credit bureau or by any other reasonable means, including contacting creditors listed above.

| Signature | Date |
|-----------|------|
| | |
| Signature | Date |