

Personal Financial Statement

Name(s) _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State & ZIP _____

Statement of Financial Condition As Of _____

ASSETS	AMOUNT (\$)	LIABILITIES & NET WORTH	AMOUNT (\$)
Cash in Financial Institutions (List) (including money market accounts, CDs)		Notes Payable (Schedule F)	
		Secured	
		Unsecured	
		Credit Cards and accounts Payable	
		Margin Accounts	
		Notes Due to Privately Owned Businesses	
Readily Marketable Securities (Schedule A)		Taxes Payable	
Non-Readily Marketable Securities (Schedule A)		Personal Residential Mortgages (Schedule D)	
Ownership in Privately Owned Businesses (Schedule B)		Investment Real Estate Debt (Schedule E)	
Notes Receivable from Business		Life Insurance Loans (Schedule C)	
Notes Receivable from Others		Other Liabilities (List):	
Net Cash Surrender Value of Life Insurance (Schedule C)			
Real Estate for Personal Use (Schedule D)			
Real Estate Investments (Schedule E)			
Retirement Accounts (IRA, Keogh, Profit Sharing & Other)			
Automobiles			
		Total Liabilities	
Other Assets (List):			
		Net Worth (Total Assets minus Total Liabilities)	
Total Assets		Total Liabilities & Net Worth	

SOURCES OF INCOME	AMOUNT (\$)
Salary	
Bonus & Commissions	
Interest & Dividends	
Real Estate Income	
<small>You need not disclose alimony, child support or separate maintenance income unless you wish the Bank to consider them in a credit decision</small>	
Other Income (please itemize)	
Total Income	

CONTINGENT LIABILITIES	AMOUNT (\$)
As Guarantor, Endorser, or Co-maker	
On Leases and Contracts	
Legal Claims	
Provisions for Federal Income Taxes	
Other Special Debt	
Total Contingent Liabilities	

GENERAL INFORMATION
Are any assets pledged? If yes, please list in schedule below.
Are you a defendant in any suits or legal actions?
US Citizen If no, Resident Alien Number:
Personal bank accounts carried at (name of financial institution):
Have you or any business you owned ever declared bankruptcy? if yes, please explain on additional sheet

PERSONAL INFORMATION
Business or Employer - Applicant:
Co-Applicant:
Date of Birth - Applicant:
Co-Applicant:
Partner or officer in any other venture?:
Do you have a will:
If so, name of executor:

SCHEDULE OF ASSETS PLEDGED		
Description	Value	To Whom Pledged

SCHEDULE A - ALL SECURITIES INCLUDING NON-MONEY MARKET MUTUAL FUNDS

NO. OF SHARES OR BOND FACE VALUE	DESCRIPTION	OWNER(S)	WHERE HELD	CURRENT MARKET VALUE	PLEGGED	
					YES	NO
READILY MARKETABLE SECURITIES (including Stocks, Bonds, Mutual Funds, U.S. Governments, and Municipals)						

NON-READILY MARKETABLE SECURITIES (thinly traded or restricted stock)

SCHEDULE B - OWNERSHIP IN PRIVATELY HELD BUSINESSES (use additional sheet if necessary)

BUSINESS NAME	NATURE OF BUSINESS	DATE OF INVESTMENT	ORIGINAL INVESTMENT COST	% OF OWNERSHIP	PRESENT VALUE OF YOUR INVESTMENT

SCHEDULE C - LIFE INSURANCE (use additional sheet if necessary)

INSURANCE COMPANY	FACE AMOUNT OF POLICY	TYPE OF POLICY	BENEFICIARY	CASH SURRENDER VALUE	POLICY LOANS	OWNERSHIP	PLEGGED	
							YES	NO

SCHEDULE D - REAL ESTATE FOR PERSONAL USE (use additional sheet if necessary)

PROPERTY ADDRESS	LEGAL OWNER	PURCHASE		MARKET VALUE	PRESENT LOAN BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	LENDER
		YEAR	PRICE						

SCHEDULE E - REAL ESTATE INVESTMENTS (MAJORITY OWNERSHIP ONLY) (use additional sheets if necessary)

PROPERTY ADDRESS	LEGAL OWNER	PURCHASE		MARKET VALUE	PRESENT LOAN BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	LENDER
		YEAR	PRICE						

SCHEDULE F - NOTES PAYABLE

TYPE	ORIGINAL AMOUNT	PRESENT LOAN BALANCE	SECURED		COLLATERAL	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	LENDER
			YES	NO					

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce Conner Affiliates, LTD ("Bank") to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or to continue to grant credit or to accept a guarantee 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 the Bank 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 their obligations to the Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify the Bank as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Conner Affiliates, LTD is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes Conner Affiliates, LTD to answer questions about the Bank's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Conner Affiliates, LTD is outstanding, the undersigned shall supply annually an updated personal financial statement. This personal financial statement and any other financial or other information that the undersigned gives Conner Affiliates, LTD shall become the property of the Bank.

The undersigned authorize any person or consumer reporting agency to give Conner Affiliates, LTD a copy of the undersigned's credit report and any other financial information it may have on the undersigned, and to prepare at Conner Affiliates, LTD's request, a consumer investigative report.

Signature: _____ Date: _____ Social Security Number: _____
 Signature: _____ Date: _____ Social Security Number: _____