FINANCIAL STATEMENT - INDIVI	ΠΙΔΙ		☐ INDIVIDUAL ☐ JOINT	DATE OF STATE	EMENT						
				4E OF INDIVIDUAL.							
TO FINANCIAL INSTITUTION NAI	VIED:		INAI	ME OF INDIVIDUAL:							
HOME ADDRESS			HOME PHONE	SOCIAL SECURITY NUMBER	DATE OF BIRT	ГН					
ASSETS (Omit Cents)			LI	ABILITIES <i>(Omit Ce</i>	nts)						
Cash in This Financial Institution (Schedule A)			Notes Payable to Financi	al Institutions (Schedule	J)						
Cash in Other Financial Institutions (Schedule A)			Other Notes Payable (Sch								
Money Market Accounts (Schedule A)			Loans Secured by Real E	state (Schedule F)							
Notes and Loans Receivable(Schedule B)			Life Insurance Policy Lo								
Other Accounts Due Me (Schedule B)			Taxes (Federal, State, Lo								
Stocks and Bonds - Marketable (Schedule C)			Credit Card Indebtedness								
Other Stocks and Bonds (Schedule C)			Due to Brokers in Margi	·)						
Partnership and Proprietorship Interests (Schedule D)			Other Accounts and Bills	Payable (Schedule K)							
Cash Surrender Value Life Insurance (Schedule E)											
Real Estate Owned (Schedule F)											
Oil and Gas Interests (Schedule G)											
Vested Pension and Retirement Funds (Schedule H)											
IRA and Keough Plans (Schedule H)				TOTAL LIABILIT	TES \$						
Other Personal Assets (Schedule I)				NET WOR							
			TOTAL LIABIL	TTIES and NET WOR							
TOTAL ASSETS	\$		TOTAL EMIDIE	TILO UNA TVET WORK							
	+		"		<u> </u>						
IN	ICOME AN	ID EXDE	NSE for year ending								
Salaries and Wages	COIVIL AIN	ID LAI LI	Interest Paid								
Commissions and Bonuses			Rent Paid								
Interest Income			Federal and State Income	: Taxes							
Dividend Income			Other Taxes								
Business Income			Alimony, Child Support	and Separate							
			Maintenance Paid								
Pensions, Annuities, Retirement and Social Security											
Rents											
Alimony, Child Support and Separate Maintenance (Exclude if you do wish this income to be considered as a basis for repaying any obligation)											
Other Income					•						
TOTAL ALL INCOME	-			TOTA							
Federal Income Tax Return has been Filed Through _	An	y Additior	nal Assessments? \square N	o ∐ Yes Amour	t \$						
	CONT	INCENT	LIABILITIES								
NATURE OF LIABILITY	CONT	INGENT		TION	A N 4 O L	INIT					
NATURE OF LIABILITY			DESCRIP	TION	AMOU	JIN I					
Liabilities as Endorser, Co-Maker or Guarantor Liabilities on Leases and Contracts											
Liabilities on Letters of Credit											
Contested Tax Liens											
Involvement in Pending Legal Actions, Claims, Judgme	ents, etc										
2 2 2 2 2 2 2.											

SCHEDULE A:		CASH IN F	INAN	CIA	L INSTITU	TIONS	AND	MON	IEY MA	RKET A	CCOUNT	TS .	
NAME OF FINANCIAL INSTITUTION A			AC	COUNT IN NAM	ЛЕ OF:		TYPE OF ACCOUNT			ACCOL	JNT NUMBER	CURRENT BALANCE	
SCHEDULE B:		NOTES A	AND L	.OA	NS RECEIN	/ABLE	AND	OTHE	ER ACC	COUNTS	DUE ME		
ORIGINAL AMOUNT		DUE FROM		BAL	ANCE OWING	PAYMEN	T SCHI	EDULE	MATU	JRITY		COLLATE	
											COLLATE		
SCHEDULE C:					STOC	KS AND) BOI	NDS					
00.12022 0.					NO. OF SHARE OR FACE AM				LUE				
ISSUING COM	PANY	REGISTERED IN	NAME (OF: OR FACE AMT OF BONDS*		T. Per Share			Total		IF PLEDGED, TO WHOM?		WHERE TRADED?
					OF BONES		or ond	70	,	otar			
*Indicate whether Stocks	ara Common	or Proformed											<u> </u>
	are Common			UED	CLIID AND	DDODD	IETC	יחכווי	D INTE	DECTC			
SCHEDULE D:				VER	SHIP AND					T			
NAME OF PARTNERSHIP OR PROPRIETORSHIP				PERCENT OWNERSHIP O		RIGINAL COST		PRESEN	IT VALUE IF PLEDO		GED, TO WHOM?		
							1						
							1						
							+						
							+						
							+						
							+						
							+						
							+						
							+						
							+						
							+						

INSURAN	NSURANCE COMPANY POLICY NUMBER POLICY		CYC	DWNER	BENE	FICIARY	TYPE OF	TYPE OF POLICY		AMOUNT	CASH VALU	LOANS AGAINST POLICY	
SCHEDUL	F F:				RFA	I FSTA	re own	NED (P Inc	dicates	Home	stead)		
PARCEL		N and DESCRIPTIC	 DN	L	YEAR					APPRAIS			NAME OF
NUMBER		<i>MPROVEMENTS</i>		Р	ACQUIRED) C	OST	By Whom		Date		Amount	TITLE HOLDER
1.													
2.													
3.													
4.													
5.													
PARCEL NUMBER	MORTGAGE OR OTHER LIEN	PAYA	BLE TO:		0	PRIGINAL NMOUNT		PRESENT BALANCE	INTE	REST ATE	AMOUNT I	PAYABLE PER ONTH	AMOUNT OF INSURANCE
1.	1st												
7.	2nd												
2.	1st 2nd												
	1st												
3.	2nd												
4.	1st												
	2nd 1st												
5.	2nd												
SCHEDUL	E G:				OIL	and GAS	INTER	ESTS					
	LEGAL DES	CRIPTION			WI OR RI	NET REVI	ENUE	MONTHLY INCOME	M(ONTHLY KPENSE	PRE	SENT VALUE	PURCHASER OF PRODUCT
					071711	WYENE							
001155111							001150						
SCHEDULE	EH: STED PENSION	IS RETIREM	FNT FII	NDS	SIRA KI	FOUGH	SCHED	OULE I:	THER	PERS	SONAL A	ASSETS	
V E.		CRIPTION	LIVI IO	IVD		MOUNT				CRIPTIO			AMOUNT
		·			- "								

LIFE INSURANCE

SCHEDULE E:

SCHEDULE J: NOTES F	PAYABL	E TO F	INANCI	AL INS	TITUTIONS	AND OT	HERS			
DUE TO WHOM	АМО	UNT	HOW F	PAYABLE	MATURIT	Υ	COLLATERAL PLEI	AL PLEDGED		
SCHEDULE K: OTHER ACCOUNT	NTS and	1		LE INCI	LUDING AN					
DESCRIPTION		AM	OUNTS			DESCRIPT	ION	AMOUNTS		
							TOTAL	\$1		
							<u>TOTAL</u>			
SCHEDULE L: BUSINESSES							PARTNER FINANCIAL INSTITUTION	ON OF ACCOUNT		
NAME AND ADDRESS OF BUSINESS	TYPE C	OF BUSINE	:33 %	OWNERSH	P POSITIO	ON/TITLE	T INANCIAL INSTITUTE	DN OF ACCOUNT		
Has Undersigned executed a will disposing of es	tate in eve	ent of de	ath?] Yes [No If	yes, name o	of Executor			
Has Undersigned made an assignment for benefit	t of credit	ors or be	en invol	ved in ban	kruptcy proc	eedings dur	ing the past ten years?	☐ Yes ☐ No		
					. [] [J	3			
If yes, please state details:										
Marital Status (Do not complete if applying for it	ndividual	unsecur	ed credit)	:						
☐ Married ☐ Separated ☐	Unmarrie	ed (Inclu	ding sing	le, divorc	ed or widowe	ed)	Number of Dependents .			
EMPLOYER NAME AND ADDRESS						POSITION/TIT	LE .	YEARS EMPLOYED		
			SIGNA	ATURES						
This Financial Statement, supporting schedules a	nd inform	ation are	e submitt	ed by the	Undersigned	to the here	in named Financial Instit	ution for the		
purpose of establishing, obtaining, or maintainin	-						•			
of the date shown above. The Financial Instituti			•	-			loyment history, to verify	the accuracy of		
the information contained herein, and to answer	questions	about its	s credit e	kperience	with the Und	iersigned.				
SIGNATURE		_	DATE SI	GNED			WITNESS			
			201	•						
SIGNATURE	-	DATE SI	CNED		WITNESS					

Please note that your personal email may not be secure and the financial statement contains personal and financial information. If you prefer not to submit your financial statement by email, you may fill out your application and bring it to your nearest banking center or mail it to:

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