PERSONAL FINANCIAL. STATEMENT AS OF _______

| | OODIVITTED | · | | | | | | - | | | | |
|--|---------------------------|---------------------|--------------|-------------|--|-------------------------------|---------------|---|--|--|--|--|
| PERSONAL INFORMATION | | | | | | | | | | | | |
| APPLICANT (NAME) | | | | | CO-APPLICANT (NAME) | | | | | | | |
| Employer | | | | | Employer | | | | | | | |
| Address of Employer | | | | | Address of Employer | | | | | | | |
| Business Phone No. No. of Years with Employer Title/Position | | | | | Business Phone No. | No. of Years with Employer | | | | | | |
| Name of previous employer | & position (if with curre | nt employer less ti | han 3 yrs.) | No. of Yrs. | Name of previous employer & position (if with current employer less than 3 yrs.) No of Yrs. | | | | | | | |
| Home Address | | | | | Home Address | | | | | | | |
| Home Phone No. Social Security No. Date of Birth | | | | n | Home Phone No. | Date of Birth | Date of Birth | | | | | |
| Name, Phone No. of your Accountant | | | | | Name, Phone No. of your Accountant | | | | | | | |
| Name, Phone No. of your Attorney | | | | | Name, Phone No. of your Attorney | | | | | | | |
| Name, Phone No. of your Investment Advisor/Broker | | | | | Name, Phone No. of your Investment Advisor/Broker | | | | | | | |
| Name, Phone No. of your insurance Advisor | | | | | Name, Phone No. of your Insurance Advisor | | | | | | | |
| | | unio min | 95000 -00 MO | | 7740- | | | | | | | |

| Cash Income & Expenditures Statement For Year Ended | (Omit cents) |
|---|--------------|
|---|--------------|

| ANNUAL INCOME | AMOUNT (\$) | ANNUAL EXPENDITURES | AMOUNT (\$) | | |
|--------------------------------------|-------------|--|-------------|--|--|
| Salary (applicant) | \$ | Federal Income and Other Taxes | \$ | | |
| Salary (co-applicant) | | State Income and Other Taxes | | | |
| Bonuses & Commissions (applicant) | | Property Taxes | | | |
| Bonuses & Commissions (co-applicant) | | Mortgage Principal Residential Investment | | | |
| Rental Income | | Mortgage Interest Residential Investment | | | |
| Interest Income | | Installment Debt and Revolving Credit Card Debt | | | |
| Dividend Income | | Insurance (car, life, health, home) | | | |
| Capital Gains | | Investments (including tax shelters, pensions, and non-deductable retirement payments) | | | |
| Business / Partnership Income | | IRA and other deductable retirement pmts. | | | |
| Other Investment Income | | Tuition / Child Support / Daycare | | | |
| Other Income (List)* * | | Other Living Expense (gas, food clothing, utilities, alimony, ect.) | | | |
| Social Security Income | | Medical and Dental Expenses | | | |
| Pension Income | | Other Expense (List) | | | |
| TOTAL INCOME | \$ 0 | TOTAL EXPENDITURES ▶ | \$ | | |

Any significant changes expected in the next 1 2 months?

Yes No (If yes, attach information.)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

| ASSETS | AMOUNT (\$) | LIABILITIES | AMOUNT (\$) | | |
|--|-------------|---|-------------|--|--|
| Cash in Bank | | Notes Payable to Bank | X X X | | |
| (checking and savings accounts) | \$ | Secured | \$ | | |
| Cash in Other Financial Institutions (List) (including money market accounts, CDs) | | Unsecured | | | |
| (including money market accounts, CDs) | | Notes Payable to Others (Schedule E) | x x x | | |
| | | Secured | | | |
| | | Unsecured | | | |
| | | Accounts Payable (including credit cards) | | | |
| | | Margin Accounts | | | |
| Readily Marketable Securities (Schedule A) | | Notes Due: Partnership (Schedule D) | | | |
| Non-Readily Marketable Securities (Schedule A) | | Taxes Payable | | | |
| Accounts and Notes Receivable | | Mortgage Debt (Schedule C) | | | |
| Net Cash Surrender Value of Life Insurance (Schedule B) | | Life Insurance Loans (Schedule B) | | | |
| Residential Real Estate (Schedule C) | | Other Liabilities (List): | | | |
| Real Estate Investments (Schedule C) | | | | | |
| Business/Partnership Market Value (Schedule D) | | | | | |

| CONTINGENT LIABILITIES | YES | NO | AMOUNT |
|--|-----|----|--------|
| | | | |
| Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership? | | \$ | |
| Do you have any outstanding letters of credit or surety bonds? | | | |
| Are there any suits or legal actions pending against you? | | | |
| Are you contingently liable on any lease or contract? | | | |
| Are any of your tax obligations past due? | | | |
| What would be your total estimated tax liability if you were to sell your major assets? | | | |
| If yes for any of the above, give details: | | | |
| | | | |
| | | | |
| | | | |

WHERE HELD

COST

0

\$

0

PLEDGED

YES NO

CURRENT MARKET VALUE

TOTAL LIABILITIES

NET WORTH

Schedule A - All Securities (including non-money market mutual funds and tax shelters)

OWNER(S)

IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts

DESCRIPTION

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

READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)'

Personal Property (including automobiles)

Deferred Income

Other Assets (List):

No. of Shares (Stock) or Face Value (Bonds)

^{*} If not enough space, attach a separate schedule or brokerage statement and enter totals only.

| Investment Property Address Percent Loan est Maturity Dute Payment Lend Schedule D - Businesses/Partnerships Name Initial Investment Investment Pathoniships: Date of Owned Value Balance Due on Businesses: Percent Value Balance Due on Businesses: Property Address Percent Current Market Balance Due on Businesses: Rotes, Cash Cash Notes, Cas | Insurance Company | Amount of Policy | Type of Policy | | Beneficiary | | | S | Cash Surrender Value | | Amount Borrowed | | Ownership | | |
|--|--------------------------------|---------------------|----------------|---------|---------------|---------------|-------|--------|----------------------------|---------|--------------------|------------|-------------|-----------------|------------------------|
| Aumber of Years Covered Chedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only) Property Address | | | | | | | | | | | | | | | |
| Aumber of Years Covered Chedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only) Property Address | | | | | | | | | | | | | | | |
| Monthly Distribution if Disabled Number of Years Covered Chedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only) Personal Residence Legal Purchase Market Loan Monthly Date Date Maturity Date Date | Disability Insurance |) | Ap | plicant | | Co- | Appli | icar | nt | | | | | | |
| Cincledule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only) Personal Residence Personal Res | | | | - | | | | - 1000 | | | | | | | |
| Personal Residence Property Address Prop | Number of Years Covered | | | | | | | | | | | | | | |
| Property Address Owner Year Price Market Loan Rate Date Payment Lend Owner Year Price Walte Balance Rate Date Payment Lend Property Address Payment Lend Property Address Payment Lend Property Address Owner Price Market Loan est Maturity Monthly Date Payment Lend Owner Property Address Payment Lend Schedule D - Businesses/Partnerships Name Initial Investment Owner Payment Current Market Balance Due on Initial Investment Owner Value Balance Rate Due on Notes. Cash Call Control of Notes Cash Call Cantrol of Notes Cash Call Control of Notes Cash Call Control of Notes Cash Call Cantrol Cantro | chedule C - Personal Resi | dence & Rea | l Estate In | vestme | nts, Mortga | ige Deb | (ma | jor | | | | ıly) | | | |
| Properly Address Owner Vear Price Value Balance Rate Date of Initial Investment Investment Address Percent Owned Current Market Value Balance Due on Businesses: Notes, Cash Call Name Address Name Name Address Percent Owned Current Market Value Balance Due on Businesses: Notes, Cash Call Notes, Cash | | Leg Own | al er | | 1 | | | | Loai | n | est | Maturity | | | Lender |
| Property Address Owner Vear Price Value Balance Rate Clare Rate Date of Initial Investment Investment Address Percent Owned Current Market Value Balance Due on Businesses: Notes, Cash Call Investment Name Initial Investment Notes, Cash Call No | | | | | | | | _ | | | | | | | |
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| Property Address Commer Vear Price Value Balance Rate Date Payment Lend Schedule D - Businesses/Partnerships Name Date of Initial Investment Owned Current Market Value Businesses: Notes, Cash Call Investment Owned Current Market Value Notes, Cash Call Owned Susinesses: Partnerships: Partnerships: Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the cat partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Balance Due on Collateral Rate Maturity Balance Due on Collateral Rate Maturity Balance Due on Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Balance Due on Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Balance Due on Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Balance Due on Due to Type of Facility Amount of Line Balance Due on Due to Type of Facility Amount of Line Collateral Rate Maturity Balance Due on Due to Type of Facility Amount of Line Collateral Rate Maturity Balance Due on Due to Type of Facility Amount of Line Collateral Rate Maturity Balance Due on Due to Due to Type of Facility Amount of Line Collateral Rate Maturity University Due to Due to Due to Type of Facility Amount of Line Collateral Rate Maturity University Due to | nvestment | 22. | | Pii | rchase | | | | | | Inter- | | | | |
| Name Date of Initial Investment Address Percent Owned Current Market Value Balance Due on Businesses: Con Notes, Cash Call Address Notes, Cash Call Partnerships: Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the cat partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Current Market Value Balance Due on Businesses: Con Notes, Cash Call Con Notes, Cash Call Balance Due on Businesses: Con Notes, Cash Call Balance Due on Businesses: Con Notes Cash Call Balance Due on Bu | | Leg Owr | al er | | 1 | | | Loan | | | Maturity | | | Lender | |
| Name Date of Initial Investment Address Percent Owned Current Market Value Balance Due on Businesses: Con Notes, Cash Call Address Notes, Cash Call Address Notes For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the cat partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Current Market Value Balance Due on Businesses: Con Note: For investment Market Value Balance Due on Businesses: Con Notes, Cash Call Balance Due on Businesses: Con Businesse | | | | | | | | - | | | | | | | |
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| Name Initial Investment Address Percent Owned Current Market Value Businesses: Con Notes, Cash Call Investment Investment Owned Current Market Value Secured Collateral Businesses: Notes, Cash Call Investment Investments Walue Secured Collateral Businesses: Con Notes, Cash Call Investments usinesses: Notes, Cash Call Investments or starterships: Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the cast partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Ball Pages (Collateral Rate Maturity Ball Pages) | Schedule D - Businesses/Partne | erships | D-1 | | | | | | _ | | | | | | |
| Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the cast partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Interest Rate Maturity Units Rate Maturity | | | Initial | | Address | | | | | | | et | Businesses: | | Fina Contrib Dat |
| Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the car partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Interest Rate Maturity Un | usinesses: | | | | | | | | | | | | | | |
| partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Bal | artnerships: | | | | | | | | | | | | | | |
| partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Bal | | | | | | | | | | | | | | | |
| partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Bal | | | | | | | | | | | | | | | |
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| partnership investments or S-corporations, schedule K-1s. Schedule E - Notes Payable Due to Type of Facility Amount of Line Secured Collateral Rate Maturity Bal | | | | | | | | | | | | | | | |
| Due to Type of Facility Amount of Line Secured Collateral Interest Rate Maturity Bal | | | | | total assets. | , please i | nclud | le th | ne rele | vant fi | nancia | l statemer | nts or tax | returns or in t | the case |
| Due to Type of Facility Amount of Line Secured Collateral Interest Rate Maturity Bal | | | | | | | | - | | | | | | | |
| | | | | ity Amo | | nount of Line | | | | C | Collateral | | | Maturity | Unpai Baland |
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Schedule B - Insurance

Life Insurance (use additional sheet if necessary)

| Please Answer The Following Questions: |
|--|
| 1 . Income tax returns filed through (date): Are any returns currently being audited or contested? Yes No |
| If yes, what year(s)? |
| 2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? |
| If yes, please provide details: |
| 3. Have you drawn a will? Yes No |
| If yes, please furnish the name of the executor(s) and year will was drawn: |
| 4. Number of dependents (excluding self) and relationship to applicant: |
| 5. Have you ever had a financial plan prepared for you? |
| 6. Did you include three years federal tax returns? |
| 7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? |
| If so. please indicate where, how much, and name of banker: |
| |
| |
| 8. Do you anticipate any substantial inheritances? |
| If yes, please explain: |
| |
| |
| |
| Representations and Warranties |
| The information contained in this statement is provided to induce you 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 you are relying on the information provided herein in deciding to grant or continue 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 you 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 its (or their) obligations to you. 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 you as required above, or if any of the information herein |
| should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by |
| the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency |
| to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial |
| statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property. |
| |
| |
| |
| Date Your Signature |
| |
| |
| Date Co-Applicant's Signature |
| |
| |
| |
| (10) |