

Please contact your Banker if you need assistance with completing these schedules. Round all amounts to the nearest \$100.

*ANNUAL INCOME	APPLICANT	CO-APPLICANT	PLEASE ANSWER EACH QUESTION (YES OR NO)	CO-APP	
Salary			Are you a Co-Maker, Endorser, or Guarantor of any other person's debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Bonuses/Commissions				<input type="checkbox"/> No	<input type="checkbox"/> No
Dividends/Interest			Are you a defendant in any suit or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Net Real Estate Income				<input type="checkbox"/> No	<input type="checkbox"/> No
Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as a basis for repayment.			Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
				<input type="checkbox"/> No	<input type="checkbox"/> No
Other (List)			Have you made a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Total \$					<input type="checkbox"/> No

SCHEDULE 1 / CASH, SAVINGS CERTIFICATES AND IRA ACCOUNTS

Name of Bank or Financial Institution	Type Account	Account Balance
Total \$		

SCHEDULE 2 / SECURITIES OWNED

Par Value or No. of Shares	Description	Registered in Name(s) of	Listed or Unlisted	Current Market Values
Total \$				

SCHEDULE 3 / LIFE INSURANCE POLICIES

Insurance Company	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loans
Total \$					

SCHEDULE 4 / RECEIVABLES DUE TO ME ON MORTGAGES AND CONTRACTS I OWN

Name of Debtor	Description of Property	First Lien or Second Lien	Date of Maturity	Repayment Terms	Balance Due
				per Year	
				per Year	
				per Year	
				per Year	
Total \$					

SCHEDULE 5 / REAL ESTATE OWNED

Property Description	Name of Creditor	Year Acquired	Purchase Price	Mortgage Balance	Date of Maturity	Repayment Type	Current Market Value
						per Month	
						per Month	
						per Month	
						per Month	
						per Month	
						per Month	
Total \$							

Insurance Company _____ Agent _____

SCHEDULE 6 / PROFIT SHARING AND PENSION

Name of Institution	Type of Account	Account Balance	Amount Totally Vested	Loans
Total \$				

SCHEDULE 7/ INSTALLMENTS, CREDIT LINES AND NOTES

Name of Creditor	Collateral	Date of Maturity	Repayment Terms	Balance Due
			per Month	
			per Month	
			per Month	
			per Month	
Total \$				

SCHEDULE 8/ CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAYCARE, ETC

Name of Company	Repayment Terms	Balance Due
	per Month	
	per Month	
	per Month	
	per Month	
Total \$		

You certify the information provided in this statement is true and correct. So long as you owe any sums to the bank, you agree to give the bank prompt written notice of any material change in your financial condition and upon request, you agree to provide the bank with an updated personal financial statement. State Bank of Bement is authorized to retain this personal financial statement whether or not any credit is approved and is further authorized to verify your credit and employment history or any other information in this statement. This application does not oblige the bank to make any loan even if you meet the normal standards the bank considers in determining whether to approve or deny the application.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____