

## PERSONAL FINANCIAL STATEMENT AS OF

Date

| Submitted to: Mid A           | merica Bank       |              |                     |   |                     |           |              |  |  |
|-------------------------------|-------------------|--------------|---------------------|---|---------------------|-----------|--------------|--|--|
|                               |                   |              | <b>PERSONA</b>      | L INFORMATIC                                    | <u>N</u>            |           |              |  |  |
| APPLICANT (NA                 | ME)               |              | CO-APPLICANT (NAME) |   |                     |           |              |  |  |
|                               |                   |              |                     |   |                     |           |              |  |  |
| Employer and Address          | 3                 |              |                     | Employer and Ad                                 | dress               |           |              |  |  |
|                               |                   |              |                     |   |                     |           |              |  |  |
| Business Phone No.            | No. of Years      | Title/Positi | on                  | Business Phone No.                              |                     | Title/Pos | sition       |  |  |
|                               | with Employer     |              |                     |   | Employer            |           |              |  |  |
| Previous Employer & Po        | sition            |              | No. of Yrs.         | Previous Employer                               | & Position          |           | No. of Yrs.  |  |  |
|                               |                   |              |                     |   |                     |           |              |  |  |
| Home Address                  |                   |              |                     | Home Address                                    |                     |           |              |  |  |
|                               |                   |              |                     |   |                     |           |              |  |  |
| Home Phone No.                | Social Security 1 | No.          | Date of Birth       | Home Phone No.                                  | Social Security No. | Date      | e of Birth   |  |  |
| Accountant and Phone          | <u> </u>          |              |                     | Accountant and Phone #                          |                     |           |              |  |  |
|                               |                   |              |                     |   |                     |           |              |  |  |
| Attorney and Phone #          |                   |              |                     | Attorney and Phone #                            |                     |           |              |  |  |
| Investment Advisor/Br         | roker and Phone   | #            |                     | Investment Advisor/Broker and Phone #           |                     |           |              |  |  |
|                               |                   |              |                     |   |                     |           |              |  |  |
| Insurance Advisor and Phone # |                   |              |                     | Insurance Advisor and Phone #                   |                     |           |              |  |  |
| Marital Status: Single        | Married Divo      | orced Wi     | idowed              | Marital Status: Single Married Divorced Widowed |                     |           |              |  |  |
| 8                             |                   |              |                     |   | <u> </u>            |           |              |  |  |
| CASH INCOME &                 | EXPENDITU         | RE STATI     | EMENT FOI           | R THE YEAR EN                                   | IDED                |           | (OMIT CENTS) |  |  |

| ANNUAL INCOME                     | SOURCES*      | AMOUNT (\$) | ANNUAL EXP                        | ENDITURES             | SOURCES*          | AMOUNT ( |
|-----------------------------------|---------------|-------------|-----------------------------------|-----------------------|-------------------|----------|
| Salary (applicant)                |               |             | Federal Income and Other Taxes    |                       |                   |          |
| Salary (co-applicant)             |               |             | State Income and C                | Other Taxes           |                   |          |
| Bonuses & Commissions (applicant) |               |             | Rental Payments, C<br>Maintenance | Co-op, or Condo       |                   |          |
| Bonuses & Commissions (co-        |               |             | Mortgage                          | Residential           |                   |          |
| applicant)                        |               |             | Payments                          | Investment            |                   |          |
| Rental Income                     |               |             | Property Taxes                    | Residential           |                   |          |
|                                   |               |             |                                   | Investment            |                   |          |
| Interest Income                   |               |             | Interest and Princip              | oal Payments on Loans |                   |          |
| Dividend Income                   |               |             | Insurance (Home, 1                | Health, Vehicles)     |                   |          |
| Proceeds from Sales               |               |             | Investments (include              | ding tax shelters)    |                   |          |
| Partnership Income                |               |             | Alimony/Child Sup                 | pport                 |                   |          |
| Other Investment Income           |               |             | Meals and Food                    |                       |                   |          |
| Other Income (List)**             |               |             | Tuition                           |                       |                   |          |
|                                   |               |             | Contributions and                 | Gifts                 |                   |          |
|                                   |               |             | Medical Expenses                  |                       |                   |          |
|                                   |               |             | Other Living Exper                | nses                  |                   |          |
|                                   |               |             | Other Expenses (Li                | ist)                  |                   |          |
| more to                           | L INCOME (\$) |             |                                   | TOTAL EXPENI          | MANUAL CONTRACTOR |          |

Any Significant changes expected in the next 12 months? Yes No□ ☐ If yes, attach information). Sources\*=Examples are Cash, W-2, Tax Return, etc. \*\* 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.

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| ASSETS   | AMOUNT (\$) | LIABILITIES                               | AMOUNT (\$) |
|--|-------------|---|-------------|
| Cash in this Bank(List)                          |             | Notes Payable to this Bank                |             |
| (including money market accounts, CD's)          |             | Secured                                   |             |
| Cash in Other Financial Institutions (List)      |             | Unsecured                                 |             |
| (including money market accounts, CD's)          |             | Notes Payable to Others (Schedule E)      |             |
|  |             | Secured                                   |             |
|  |             | Unsecured                                 |             |
| Readily Marketable Securities (Schedule A)       |             | Accounts Payable (including credit cards) |             |
| Non-Readily Marketable Securities (Schedule A)   |             | Margin Accounts                           |             |
| Accounts and Notes Receivable                    |             | Notes Due: Partnership (Schedule D)       |             |
| Cash Surrender Value of Life Insurance (Schedule |             | Life Insurance Loans (Schedule B)         |             |
| B)   |             |   |             |
| Residential Real Estate (Schedule C)             |             | Taxes Payable                             |             |
| Real Estate Investments (Schedule C)             |             | Mortgage Debt (Schedule C)                |             |
| Partnerships/PC Interests/ S Corporations        |             | Other Liabilities (List)                  |             |
| (Schedule D)                                     |             |   |             |
| IRA, Keogh, Profit Sharing and other Vested      |             |   |             |
| Retirement Accounts                              |             |   |             |
| Deferred Income (# of yrs. deferred)             |             |   |             |
| Personal Property (including automobiles)        |             |   |             |
| Sole Proprietorship Assets:                      |             |   |             |
| Accounts Receivable                              |             |   |             |
| Inventory  |             |   |             |
| Fixed Assets                                     |             |   |             |
|  |             |   |             |
| Other Assets (List)                              |             |   |             |
|  |             | TOTAL LIABILITIES                         |             |
|  |             | NET WORTH                                 |             |
|  |             |   |             |

| CONTINGENT LIABILTIES   | 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 or 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?   |     |    |             |
| Are you obligated to pay alimony and/or child support?  |     |    |             |
| 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:  |     |    |             |
|   |     |    |             |
|   |     |    |             |

| <b>SCHEDULE</b> | A—ALL SECURITII  | ES (Including  | Non-Money Mar      | ket Mutual Funds) |              |         |    |  |  |  |
|-----------------|--|----------------|--------------------|-------------------|--------------|---------|----|--|--|--|
| # of Shares     |  |                |                    |                   |              | PLEDGED |    |  |  |  |
| (Stock) or      | Description  | Owner (S)      | Where Held         | Cost              | Current      |         |    |  |  |  |
| Face Value      |  |                |                    |                   | Market Value | YES     | NO |  |  |  |
| (Bonds)         |  |                |                    |                   |              |         |    |  |  |  |
| READILY MA      | ARKETABLE SECURIT  | TES (INCLUDING | G U.S. GOVERMENT A | ND MUNICIPALS)*   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |
| NON- READII     | NON- READILY MARKETABLE SECURITIES (CLOSELY HELD, THINLY TRADED OR RESTRICTED STOCK) |                |                    |                   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |
|                 |  |                |                    |                   |              |         |    |  |  |  |

<sup>\*</sup> If not enough space, attach a separate schedule or brokerage statement and enter totals only.

| Schedule B—Insurance Life Insurance (use additional sheets if necessary) |                             |                    |             |                         |                    |           |  |  |  |  |
|--|-----------------------------|--------------------|-------------|-------------------------|--------------------|-----------|--|--|--|--|
| <b>Life Insurance</b> (us  | e additiona                 | I sheets if necess | sary)       |                         |                    |           |  |  |  |  |
| Insurance<br>Company   | Face<br>Amount<br>of Policy | Type of Policy     | Beneficiary | Cash Surrender<br>Value | Amount<br>Borrowed | Ownership |  |  |  |  |
|  |                             |                    |             |                         |                    |           |  |  |  |  |
|  |                             |                    |             |                         |                    |           |  |  |  |  |
|  |                             |                    |             |                         |                    |           |  |  |  |  |
|  |                             |                    |             |                         |                    |           |  |  |  |  |

| Disability Insurance             | Applicant | Co-Applicant |
|----------------------------------|-----------|--------------|
| Monthly Distribution if Disabled |           |              |
| Number of Years Covered          |           |              |

| Schedule C—Perso               | nal Residence | & Rea | l Estate | Investments,    | , Mortgage D    | ebt (majo        | rity ownersh     | ip only)           |        |
|--------------------------------|---------------|-------|----------|-----------------|-----------------|------------------|------------------|--------------------|--------|
|                                |               | Pur   | chase    |                 | Present         |                  | Loan             |                    |        |
| Personal Residence<br>Address  | Legal Owner   | Year  | Price    | Market<br>Value | Loan<br>Balance | Interest<br>Rate | Maturity<br>Date | Monthly<br>Payment | Lender |
|                                |               |       |          |                 |                 |                  |                  |                    |        |
|                                |               |       |          |                 |                 |                  |                  |                    |        |
|                                |               | Dave  | chase    |                 | Present         |                  | Loan             |                    |        |
| Investment Property<br>Address | Legal Owner   | Year  | Price    | Market<br>Value | Loan<br>Balance | Interest<br>Rate | Maturity<br>Date | Monthly<br>Payment | Lender |
|                                |               |       |          |                 |                 |                  |                  |                    |        |
|                                |               |       |          |                 |                 |                  |                  |                    |        |
|                                |               |       |          |                 |                 |                  |                  |                    |        |
|                                |               |       |          |                 |                 |                  |                  |                    |        |

| Schedule D—Partnerships and S Corporations (less than majority ownership for real estate partnerships)* |  |         |   |  |  |  |  |  |  |
|---|--|---------|---|--|--|--|--|--|--|
| Date of   |  |         |   | Balance Due on   |  |  |  |  |  |
| Initial   | Cost   | % Owned | Current Market Value                                    | Partnerships: Notes, Cash  | Current Year   |  |  |  |  |
| Investment  |  |         |   | Call   | Investments  |  |  |  |  |
| (indicate na  | me)  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  | ·  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
| g tax shelters  | s)   |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   |  |         |   |  |  |  |  |  |  |
|   | Date of<br>Initial<br>Investment<br>(indicate na | Date of | Date of Initial Cost % Owned Investment (indicate name) | Date of Initial Cost % Owned Current Market Value Investment (indicate name) | Date of Initial Cost % Owned Current Market Value Partnerships: Notes, Cash Call (indicate name) |  |  |  |  |

\*Note: For investments, which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-Corporations, schedule K-1's.

| Schedule E—N | Schedule E—Notes Payable |                |      |      |            |          |          |                |  |  |  |
|--------------|--------------------------|----------------|------|------|------------|----------|----------|----------------|--|--|--|
|              |                          |                | Secu | ıred |            | Interest |          |                |  |  |  |
| Due To       | Type of Facility         | Amount of Line | Yes  | No   | Collateral | Rate     | Maturity | Unpaid Balance |  |  |  |
|              |                          |                |      |      |            |          |          |                |  |  |  |
|              |                          |                |      |      |            |          |          |                |  |  |  |
|              |                          |                |      |      |            |          |          |                |  |  |  |
|              |                          |                |      |      |            |          |          |                |  |  |  |

| Plea | se Answer the Following Questions:   | YES | NO |
|------|--|-----|----|
| 1.   | Income Tax returns filed through (date):   |     |    |
|      | Are any returns currently being audited or contested? If so, what year?                      |     |    |
| 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 ever drawn a will   |     |    |
|      | 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.   | Do you live in a community property state?   |     |    |
| 6.   | Have you ever had a financial plan prepared for you?   |     |    |
| 7.   | Did you include two years federal and state tax returns?                                     |     |    |
| 8.   | Do (either of) you have a line of credit or unused credit facility at any other institution? |     |    |
|      | If so, please indicate where, how much and name of banker:                                   |     |    |
|      |  |     |    |
|      |  |     |    |
|      |  |     |    |
| 9.   | Do you have ownership of an LLC, trust or other assets protection device?                    |     |    |
| 10.  | 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 creditworthiness 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 (if you are requesting the financial accommodation jointly) |