

Personal Financial Statement
Important: Date and sign statement



To: National Bank of Commerce ("Lender")

Date of Financial Statement: _____

Name(s): _____

Address: _____

Date of birth(s): _____

Social Security Number(s): _____

For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition. This statement is the Lender's property.

COMPLETE ALL BLANKS, WRITING "0" FOR NONE WHERE APPLICABLE

ASSETS **LIABILITIES**

Cash on Hand and in Financial Institutions (Schedule A)	\$
Gov't and Listed Securities (Schedule B)	\$
Unlisted Securities (Schedule B)	\$
Cash Value Life Insurance (Schedule C)	\$
Securities Held by Brokers in Margin Accts.	\$
Vested Pension Benefits, Profit Sharing or 401K (Schedule D)	\$
Automobiles	\$
RVs, boats, motors, trailers, ATVs	\$
Other Personal Property	\$
Homestead and Real Estate Owned (Schedule E)	\$
Notes and Loans Receivable (Schedule F)	\$
Equity in Partnership	\$
Equity in Proprietorship	\$
Other Assets (Itemize below)	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL ASSETS	\$

Credit Card Debt	\$
Notes Payable – Lender/Unsecured (Schedule G)	\$
Notes Payable – Lender/Secured (Schedule G)	\$
Notes Payable Others (Schedule G)	\$
Life Insurance Loans (Schedule C)	\$
Due to Brokers	\$
Accounts Payable	\$
Unpaid Income Taxes	\$
Real Estate Mortgage Payable (Schedule E)	\$
Real Estate Taxes	\$
Other Debts (Itemize below)	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
Total Liabilities	\$
Net Worth (Total Assets less Total Liabilities)	\$
TOTAL LIABILITIES and NET WORTH	\$

SOURCES OF INCOME FOR YEAR END

CONTINGENT LIABILITIES (Schedule H)

Salaries and Bonuses*	\$ _____
Salaries and Bonuses*	\$ _____
	\$ _____
Commissions	\$ _____
Dividends and Interest	\$ _____
Real Estate	\$ _____
Other**	\$ _____
	\$ _____

As Endorser, Co-Maker, Guarantor	\$ _____
	\$ _____
	\$ _____
On Lease or Contracts	\$ _____
Legal Claims	\$ _____
Other (Describe)	_____
	\$ _____
	\$ _____

*For Married Wisconsin residents, name each spouse and include the income of each spouse.
 **Income from Alimony, Child Support or Separate Maintenance income and income from medical insurance, disability or wage continuation insurance need not be revealed if you do not wish the Lender to consider this income on determining your creditworthiness.

PERSONAL INFORMATION

Telephone Number _____

Employer(s) of Individual(s) _____

Are any assets pledged or restricted other than indicated on the following schedules? If so, describe. _____

Are you a defendant in any legal actions or suits? If so, describe. _____

Are you a partner or officer in any venture? If so, describe. _____

Do you have a will? Yes No If so, name of Personal Representative. _____

Have you ever been declared Bankrupt? Yes No If so, describe. _____

Changed Name on Driver's License or State ID Card in Past 5 years? Yes and give prior name _____ No

Schedule A – Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit (List on separate sheet if necessary)

Type	Name of Financial Institution	Owner	Amount	Pledged	
				Yes	No
Total			_____		

Schedule B – U.S. Government, Listed & Unlisted Securities (List on separate sheet if necessary)

No. of Shares or Face Value (of Bonds)	Description*	Owner	Market Value	Pledged	
				Yes	No
Total			_____		

*Indicates if Securities are Restricted by Contract or SEC Regulations

Schedule C – Life Insurance Carried, Include Group (List on separate sheet if necessary)

Face Amount	Name of Company	Owner	Beneficiary	Cash Surrender	
				Value	Loans
				Total	

Schedule D – Retirement Assets (Vested Pension Benefits, Profit Sharing or 401K) (List on separate sheet if necessary)

Type	Financial Institution	Owner	Beneficiary	Value
				Total

Schedule E – Real Estate Owned (List on separate sheet if necessary)

Address & Type of Property	Date Acquired	Owner	Cost	Mkt. Value	Amt	Mortgage		Insurance
						Mo. \$	Maturity	
						Total		

Schedule F – Notes and Loans Receivable (List on separate sheet if necessary)

Name of Maker	Date Made	Security Pledge	Unpaid Amount
			Total

Schedule G – Names of Banks or Other Lenders Where Credit Has Been Obtained (List on separate sheet if necessary)

Name & Address of Lender	Borrower	Date Made	Monthly Payment	Next Due	High Credit	Current	
						Balance	Secured or Unsecured
						Total	

