



PERSONAL FINANCIAL STATEMENT SUBMITTED TO NATIONAL BANK OF ST ANNE  
 FINANCIAL CONDITION AS OF \_\_\_\_\_, SUBMITTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

SECTION 1 INDIVIDUAL INFORMATION		SECTION 2 OTHER PARTY INFORMATION	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
OCCUPATION:		OCCUPATION:	
BUSINESS NAME:		BUSINESS NAME:	
BUSINESS ADDRESS:		BUSINESS ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
HOME PHONE:		HOME PHONE:	
WORK PHONE:		WORK PHONE:	
CELL PHONE:		CELL PHONE:	
EMAIL:		EMAIL:	
SECTION 3 STATEMENT OF FINANCIAL CONDITION			
ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
CASH IN BANKS		SECURED NOTES PAYABLE	
US GOVT & MARKETABLE SECURITIES (SCH A)		UNSECURED NOTES PAYABLE	
NON-MARKETABLE SECURITIES (SCH. B)		UNPAID INCOME TAX	
MARGINED SECURITIES HELD BY BROKER		DUE TO BROKERS	
PARTIAL INTEREST IN REAL ESTATE (SCH C)		MORTGAGES PAYABLE SCH C & D	
REAL ESTATE OWNED (SCH D)		REVOLVING DEBT - CREDIT CARDS	
LOANS/NOTES RECEIVABLE			
PERSONAL PROPERTY			
AUTOMOBILES			
CASH VALUE OF LIFE INSURANCE			
401 K OR RETIREMENT ACCOUNTS		OTHER LIABILITIES	
OTHER ASSETS			
		TOTAL LIABILITES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITES AND NET WORTH	

SOURCES OF INCOME THROUGH: (Year End):			
Name:	Co Name:	PERSONAL INFORMATION	
W-2 INCOME		DO YOU HAVE A WILL?	
DIVIDENDS		IF, SO WHO IS EXECUTOR?	
DISTRIBUTIONS		ARE YOU OBLIGATED TO PAY ALIMONY	
NET RENTAL INCOME		OR CHILD SUPPORT?	
OTHER INCOME		INCOME TAXES SETTLED THROUGH DATE	
Capital Gains		HAVE YOU EVER DECLARED BANKRUPTCY	
		IF SO WHEN?	
TOTAL			



CONTINGENT LIABILITIES		
ENTITY OBLIGATED	AMOUNT	TYPE OF OBLIGATION
TOTAL		

PROFESSIONAL RELATIONSHIPS	PHONE NUMBER	NAME AND ADDRESS
ACCOUNTANT		
ATTORNEY		
OTHER		

SCHEDULE A US GOVT AND MARKETABLE SECURITIES			
# OF AND NAME OF SHARES	VALUE	IN NAME OF	PLEGDED
TOTAL			

SCHEDULE B NON MARKETABLE SECURITIES			
NO. AND NAME OF SHARES	VALUE	IN NAME OF	SOURCE OF VALUE
TOTAL			

SCHEDULE C PARTIAL INTEREST IN REAL ESTATE			
ADDRESS AND % OWNERSHIP	MARKET VALUE	IN NAME OF - MTG HOLDER	MORTGAGE AMT.
TOTAL			



SCHEDULE D REAL ESTATE OWNED			
ADDRESS	MARKET VALUE	IN NAME OF- MTG HOLDER	MORTGAGE AMT.
TOTAL			

SCHEDULE E LIFE INSURANCE CARRIED			
INSURANCE COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE
TOTAL			

SCHEDULE F BANKS WHERE CREDIT HAS BEEN OBTAINED			
NAME AND ADDRESS OF OTHER LENDER	SECURED	COLLATERAL	BALANCE

The Information contained in this statement is provided for the purposes of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to answer questions about your credit experience with me/us. I/We also authorize Bank to obtain any information deemed necessary. Signing this statement constitutes consent for Bank to obtain any information from any source at any given time.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

I/ We have applied for: \_\_\_\_\_ Individual Credit Application \_\_\_\_\_ Joint Credit Application

SIGNATURE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SS NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SS NO. \_\_\_\_\_