

**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**  
**SUBMITTED TO: COMMERCE NATIONAL BANK & TRUST**

**PERSONAL INFORMATION**

<b>APPLICANT (NAME)</b>			<b>CO-APPLICANT (NAME)</b>		
<b>Employer</b>			<b>Employer</b>		
<b>Address of Employer</b>			<b>Address of Employer</b>		
<b>Business Phone No.</b>	<b>No. of yrs. Empl.</b>	<b>Title/Position</b>	<b>Business Phone No.</b>	<b>No. Yrs. Empl.</b>	<b>Title/Position</b>
<b>Name of previous employer &amp; position (if less then 3 yrs.) # of yrs.</b>			<b>Name of previous employer &amp; position (if less then 3 yrs.) # of yrs.</b>		
<b>Home Address</b>			<b>Home Address</b>		
<b>Home Phone No.</b>	<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Home Phone No.</b>	<b>Date of Birth</b>	<b>Social Security No.</b>
<b>Name, Phone No. Of your Accountant</b>			<b>Name, Phone No. Of your Accountant</b>		
<b>Name, Phone No. Of your Attorney</b>			<b>Name, Phone No. Of your Attorney</b>		
<b>Name, Phone No. Of your Investment Advisor/Broker</b>			<b>Name, Phone No. Of your Investment Advisor/Broker</b>		
<b>Name, Phone No. Of your Insurance Advisor</b>			<b>Name, Phone No. Of your Insurance Advisor</b>		

**Cash Income & Expenditures Statement For Year Ended \_\_\_\_\_**

<b>ANNUAL INCOME</b>	<b>AMOUNT (\$)</b>	<b>ANNUAL EXPENDITURES</b>	<b>AMOUNT (\$)</b>
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Automobile Leases	
Bonuses & Commissions (co-applicant)		Mortgage Payments Residential	
Rental Income		Investment	
Interest Income		Property Taxes Residential	
Dividend Income		Investment	
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Alimony/Child Support	
Other Income (List)		Tuition	
Profit Sharing Plan Growth		Other Living Expenses	
		Medical Expenses	
		Other (List)	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURES</b>	

Any significant changes expected in the next 12 months? \_\_\_ No \_\_\_ Yes (If yes, attach information or explain)



<b>Schedule B – Insurance</b>						
<b>Life Insurance</b> (use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

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

<b>Schedule C – Personal Residence &amp; Real Estate Investments, Mortgage Debt (majority ownership only)</b>									
Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

<b>Schedule D – Partnerships (less than majority ownership for real estate partnerships)*</b>						
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
<b>Business/Professional (Indicate name):</b>						
<b>Investments (Including Tax Shelters):</b>						

**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-1s.

<b>Schedule E – Notes Payable</b>								
Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				

**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? \_\_\_ Yes \_\_\_ No  
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? \_\_\_ Yes \_\_\_ No
6. Did you include two years federal and state tax returns? \_\_\_ Yes \_\_\_ No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s) ? \_\_\_ Yes \_\_\_ No  
If so, please indicate where, how much, and name of banker: \_\_\_\_\_
8. Do you anticipate any substantial inheritances? \_\_\_ Yes \_\_\_ No  
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

\_\_\_\_\_

\_\_\_\_\_  
Date

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