

SCHEDULE A – US GOVERNMENT AND MARKETABLE SECURITIES

Number of Share or Face Value of Bonds	Description	In Name of	Are these Registered Pledged or Held by others?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are these Registered Pledged or Held by others?	Value	Source of Value

SCHEDULE D—LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Account	Policy	Loans Cash Surrender Value

SCHEDULE E – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed

SCHEDULE F – BUSINESS VENTURES

List Name and Address of Any Bus. Venture in Which You are a Principal or Partner	Total Assets List in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Ownership	Line of Business	Year in Bus.

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 guaranty 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 guaranty 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 statm3ent, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorized you to answer questions about your credit experience with the undersigned.

Date Signed _____, 20____.

Signature (Individual) _____
 Social Security Number _____
 Date of Birth _____

Date Signed _____, 20____.

Signature (Other Party) _____
 Social Security Number _____
 Date of Birth _____