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PERSONAL FINANCIAL STATEMENT AS OF	NION	
	Date	
SUBMITTED TO:		

			PERSONAL	. INFORMATION				
APPLICANT (N.	AME)			CO-APPLICANT (NAME)				
Employer			Employer					
Address of Employe	r			Address of Employer	r			
Business Phone No.	No. of yrs. With Emplo	oyer Ti	tle/Position	Business Phone No.	No. of yrs. with Employer	Title	/Position	
Name of previous er	nployer & position		No. of Yrs.	Name of previous employer & position No. of Y				
Home Address				Home Address				
Home Phone No.	Social Security No.	Date of	f Birth	Home Phone No.	Social Security No.	Date	of Birth	
Name, Phone No. of	your Accountant			Name, Phone No. of your Accountant				
Name, Phone No. of	your Attorney			Name, Phone No. of your Attorney				
Name, Phone No. of	your Investment Advisor/		Name, Phone No. of your Investment Advisor/ Broker					
Name, Phone No. of	your Insurance Advisor			Name, Phone No. of	Insurance Advisor			

Cash Income & Expenditures Statement for Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List) **	
TOTAL INCOME	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maint.	
Mortgage Payments / Residential	
Mortgage Payments/ Investment	
Property Taxes/ Residential	
Property Taxes/ Investment	
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/ Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES	\$

Any significant changes expected in the next 12 months? [] Yes [] No (If yes, attach information).

^{**} 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.

ASSETS	AMOUNT(\$)
Cash in this Credit Union (including money market accounts, CDs)	
Cash in Other Financial Institutions (List)	
(including money market accounts, CDs)	
Readily Marketable Securities (Schedule A)	
Non-Readily Marketable Securities (Schedule A)	
Accounts and Notes Receivable (Attach Schedule)	
Net Cash Surrender Value of Life Insurance	
(Schedule B)	
Real Estate (Schedule C)	
Equipment (Schedule C)	
Affiliate Relationships& Interests (Attach Schedule)	
Furniture & Fixtures	
Other Fixed Assets	
Vehicles	
Other Assets (List):	
Intangibles	
TOTAL ASSETS	\$

LIABILITIES	AMOUNT (\$)
	γιιιοσίτι (φ)
Notes Payable to this Credit Union	
Secured	
Unsecured	
Notes Payable to Others (Schedule E)	
Secured	
Unsecured	
Accounts Payable (Attach Schedule)	
Margin Accounts	
Notes Due: Partnership (Schedule D)	
Taxes Payable	
Mortgage Debt (Schedule C)	
Life Insurance Loans (Schedule B)	
Other Liabilities (List):	
Other Elabilities (List).	
TOTAL LIABILITIES	\$
NET WORTH	\$
	Ψ

CONTINGENT LIABILITIES	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 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?	[]	[]	
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:			
If yes for any of the above, give details:			

Schedule A -	- All Securities (ir	cluding non-mone	y market mutua	al funds)		
No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEDGED YES NO
READILY MARK	ETABLE SECURITIES	(including U.S. Governme	ents and Municipals)	*		
						[][]
						[][]
						[] []
						[] []
NON-READILY N	MARKETABLE SECURI	TIES (closely held, thinly	traded, or restricted	stock)		
						[][]
						[] []
						1 1 1

^{*} If not enough space, attach a separate schedule of brokerage statement and enter totals only.

Schedule B Insurance Life Insurance (use additional sheet if necessary)								
Face Amount of Type of Surrender Amount Insurance Company Policy Policy Beneficiary Value Borrowed Ownership								

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

Schedule CPer	Schedule CPersonal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)								
Personal <u>Residence</u> Property Address	Owner	Purchase Year / Price	Market Value	Present Loan Balance	Interest Rate	Maturity Date	Monthly Payment	Lender	
		/							
		1							
		/							
<u>Investment</u> Property Address	Legal Owner	Purchase Year / Price	Market Value	Present Loan Balance	Interest Rate	Maturity Date	Monthly Payment	Lender	
		/							
		/							
		/							

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

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

Schedule E - Notes Payable								
			Secured			Interest		Unpaid
Due To	Type of Facility	Amount of Line	Yes	No	Collateral	Rate	Maturity	Balance

Please Answer the Following Questions:

1.	Income tax returns filed through (date): Are any returns currently being audited or								
	contested? [] Yes [] No								
	f 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 dependends (excluding self) and relationship to applicant:								
5.	Have you ever had a financial plan prepared for you? [] Yes [] No								
6.	Did you include three 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:								
Repre	sentations and Warranties:								
unders relying unders unders materia unders notice the un- incomp the un- necess unders on the unders annual	formation contained in this statement is provided to induce you to extend or to continue the extension of credit to the igned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the igned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the igned agrees to notify you immediately and in writing of any change in name, address, or employment and of any all adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the igned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such or a new and full written statement, this should be considered as a continuing statement and substantially correct. If dersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or oblete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by dersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem eary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the igned. The undersigned authorize any person or consumer reporting agency to give you any information it may have undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the igned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply ly an updated financial statement. This personal financial statement and any other financial or other information that dersigned give you shall be your property.								
Date	Your Signature								

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

Date