

Personal Financial Statement

Contact your representative at the bank if you have any questions regarding the completion of this form.

Check appropriate box concerning credit request:

| And the second of the second o | | | |
|--|-----------------------|-----------------------|--|
| You are applying for individual credit in your own name an not the income or assets of another person as a basis of r | | | |
| This is an application for joint credit with another person. | | | |
| We intend to apply for joint credit. Please intial here: | Applicant | Co-Applicant | |
| You are applying for individual credit, but are relying on the basis for repayment of the credit requested. | e income or assets of | another person as the | |
| APPLICANT | | | |
| NAME AND ADDRESS | SOCIAL SECURITY # | | |
| | DATE OF | BIRTH | |
| TELEPHONE NUMBERS | | | |
| PRESENT EMPLOYER'S NAME AND ADDRESS | POSITIO | N | |
| | | | |
| CO-APPLICANT | | | |
| NAME AND ADDRESS | SOCIAL | SECURITY # | |
| | DATE OF | BIRTH | |
| TELEPHONE NUMBERS | | | |
| PRESENT EMPLOYER'S NAME AND ADDRESS | POSITIO | N | |
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| Mortgages & Contracts for Deed Owned (Schedule 2) Securities Owned (Schedule 3) Cash Value Life Insurance (Schedule 4) Homestead (Schedule 5) Other Real Estate Owned (Schedule 5) Automobiles Personal Property Other Assets (detail) Total Annual Income Applicant Salary Commisions Dividends Interest According a Contracts for Deed Other Taxes Payable Loans on Life Insurance (Schedule 4) Mortgage on Homestead (Schedule 6) Mortgage or Liens on Other Real Estate Owned (Schedule 6) Other Liabilities (detail) Total Total Contingent Liabilities As Endorser As Guarantor Lawsuits For Taxes | AMOUNT |
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| Rentals Alimony, child support or maintenance** Other Total Income Other (detail) Total Contingent Liabilitie | |
| Alimony, child support or maintenance** Other Total Income Total Contingent Liabilitie | |
| Other Total Income Contingent Liabilities | |
| Other Total Income Contingent Liabilitie | |
| Total Income Contingent Liabilitie | |
| Total Income Contingent Liabilitie | |
| Income Contingent Liabilitie | |
| | |
| **You need not show this unless you wish us to consider it | |
| | |
| | |
| Schedule 1: Due from Friends, Relatives & Others How Maturity | |
| Name of Debtor Owed to Payable Collateral Date | Unpaid |
| \$ per mo | Unpaid Balance |
| \$ per mo | Unpaid Balance |

Total

| Schedule 2: | Mortgage and Con | itracts for Deed C | Owned | How | 1st or 2nd | Property | Unpai |
|-----------------|---|--------------------|--------------------|-----------------|------------|-------------------|--------------|
| Name of Debt | | Owe | d to | Payable | Lien | Туре | Balanc |
| vame of Debt | 101 | Owe | | \$ per mo | Lien | l lype | Balario |
| | | | | \$ per mo | | | |
| | | | | φ por mo | | Total | |
| Schedule 3: | Securities Owned | | | | | S. Control | |
| Shares or | | | | | | | Preser |
| Bond Amt | Description | n and L(Listed) or | U(Unlisted) | Registere | ed Name | Cost | Market Valu |
| | | | | | | | |
| | | | | | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Total | | |
| Schedule 4: | Life Insurance | | | | . — | | |
| | | 4 | ZE CONTRACTOR OF A | _ | Face | Cash | Trace |
| nsured | | Insurance | Company | Beneficiary | Value | Value | Loar |
| | | | | | | | |
| | | | | | | | |
| | | | | | Total | - | *: |
| Sabadula Er | Real Estate | | | | Total | | |
| schedule 5. | Real Estate | | | Monthly | Amt of | Cost/Year | Present Mark |
| Address and | Type of Property | | Owned By | Income | Insurance | Aquired | Valu |
| Homestead | Type of Froperty | | C William By | income. | | | |
| Tomestead | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | 4 | | |
| | | | | | | Total | |
| | | | | | | 998 N 5 00 | 22 |
| | Mortgages or Lien | is on Real Estate | | | Interest | Maturity | Unpa |
| To Whom Pa | yable | | | Payable | Rate | Date | Baland |
| | | | \$ | per month | | | |
| | | | \$ | per month | | | |
| | | | \$ | per month | | | |
| | | | \$ | per month | | | |
| | | | φ | per month | | Total | |
| | | | | | | 10141 | |
| Schedule 7 | Notes Payable Ba | nks & Others and | d Installment Co | ntracts Pavable | | | |
| Jonedule 7. | notes rayable ba | G Guidio alle | | | Hov | , | Unpa |
| To Whom Payable | | | Address | Collateral | Payat | | Baland |
| o monina | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | \$ | per month | |
| | | | | \$ | per month | | |
| | | | | \$ | per month | | |
| | | | | | | | |
| | | | | | \$ | per month | |

| | A | plicant | Co-Applicant | |
|---|---|---|-----------------------------|-----------------------------------|
| Have you ever gone through bankruptcy or had a judgment against you? | Yes | No | Yes | No |
| Are any assets pledged or debts secured except as shown? | | | | |
| Have you made a will? | | | | |
| Number of dependents | | |] | |
| Marital status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.) | | Married Separated Unmarried | | Married Separated Unmarried |
| The foregoing statement, submitted for the purpose of obtain detail and fairly shows my/our financial condition at the time i written notice of any subsequent substantial change in such fi discharge of my/our obligations to you. I/we understand that statement whether or not you approve the credit in connectio are authorized to check my/our credit and employment history herein. | ndicated. I/we nancial condition you will retain n with which it | e will give you pro on occurring before this personal fin is submitted. Yo | ompt ore ancial ou | ħ. |
| THE UNDERSIGNED CERTIFY THAT THE IN HAS BEEN CAREFULLY REVIEWED AND THAT I | | | | rs. |
| | | | | |
| Signature | Date | _ | | |
| | | | | |
| Signature | Date | _ | | |

Lakeview Bank 9725 163rd Street West Lakeville, MN 55044 952-892-9700