

Personal Financial Statement

Falcon National Bank
183 Cedar Drive
P.O. Box 366
Foley, MN 56329

**CONTACT YOUR REPRESENTATIVE AT THE BANK
IF YOU HAVE ANY QUESTIONS REGARDING THE
COMPLETION OF THIS FORM**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all banks to obtain, verify and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

YOU MAY APPLY FOR A CREDIT EXTENSION OR FINANCIAL ACCOMMODATION INDIVIDUALLY OR JOINTLY WITH A CO-APPLICANT. THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-APPLICANTS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINGFULLY AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

WE INTEND TO APPLY JOINTLY

APPLICANT

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____

ADDRESS _____

CO-APPLICANT

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____

ADDRESS _____

DATE OF VALUATION _____

*Round all amounts to the nearest \$100

*Attach separate sheet if you need more space

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this Bank		Notes Payable Banks (Schedule 7)	
Cash in Other Banks (Detail)		Notes Payable Others (Schedule 7)	
		Installment Contracts Payable (Schedule 7)	
		Due Dept. Stores, Credit Cards & Others	
Due from Others (Schedule 1)		Income Taxes Payable	
Mortgage & Contracts for Deed Owned (Schedule 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insurance (Schedule 4)		Loans on Life Insurance (Schedule 4)	
Homestead (Schedule 5)			
Other Real Estate Owned (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Automobiles		Mortgage or Liens on Other Real Estate Owned (Schedule 6)	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
		TOTAL LIABILITIES	
		Net Worth (Total Assets Less Total Liabilities)	
TOTAL		TOTAL	

Annual Income	App/Co-App	Contingent Liabilities	AMOUNT
Salary		As Endorser	
Commissions		As Guarantor	
Dividends		Lawsuits	
Interest		For Taxes	
Rentals		Other (Detail)	
Alimony, Child support or maintenance (you need not show this unless you wish us to consider it).			
Other			
		<input type="checkbox"/> Check here if "None"	
TOTAL INCOME		TOTAL CONTINGENT LIABILITIES	

SCHEDULE 1 DUE FROM FRIENDS, RELATIVES, & OTHERS

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
				TOTAL	

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Have you ever gone through bankruptcy or had a judgement against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Dependents (If "None" check None)	____ <input type="checkbox"/> None	____ <input type="checkbox"/> None
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.)	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried
	(Unmarried include single, divorced, widowed)	

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM
HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date Your Signature

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