

PERSONAL FINANCIAL STATEMENT

ISABELLA BANK • P.O. BOX 100, MT. PLEASANT, MI 48804-0100



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS STATEMENT

Check Appropriate Box

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of credit requested, complete Sections 1 (A), 2, and 3.
- If this is an application for joint credit with another person, complete all Sections, providing information in B about the joint applicant.
We intend to apply for joint credit _____
Applicant Co-Applicant
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

SECTION 1 - PERSONAL INFORMATION (type or print) (A)			OTHER PARTY INFORMATION (type or print) (B)		
Name			Name		
Address			Address		
City, State & Zip			City, State & Zip		
Position or Occupation			Position or Occupation		
Business Name			Business Name		
Business Address			Business Address		
City, State & Zip			City, State & Zip		
Length of Employment		Annual Income	Length of Employment		Annual Income
Res. Phone	Bus. Phone	Fax #	Res. Phone	Bus. Phone	Fax #

SECTION 2 - CONTINGENT LIABILITIES	YES	NO	AMOUNT
Do you have any...			
Contingent liabilities (as endorser, co-maker or guarantor for any debt of individual, corporation, or partnership?)			
Involvement in pending legal action?			
Unsatisfied judgements or legal action pending against you?			

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF (date): _____

ASSETS (Do not include assets of doubtful value)	IN DOLLARS (omit cents)	LIABILITIES	IN DOLLARS (omit cents)
Cash on hand and in this bank		Notes payable to this bank-see Schedule E	
Cash in other banks		Notes payable to other banks-see Schedule E	
U.S. Gov't & marketable securities-see Schedule A		Due to Brokers	
Non-marketable securities-see Schedule B		Amounts payable to others-secured	
Real estate owned-see Schedule C		Amounts payable to others-unsecured	
Accounts, loans and notes receivable		Unpaid Income tax	
Automobiles		Other unpaid taxes and interest	
Other personal property		Real estate mortgages payable-see Schedule C	
Cash surrender value-life insurance-see Schedule D		Other debts (car payments, credit cards, etc.)	
IRA, profit-sharing, & other vested retirement accounts			
Other Assets (list) - See Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Name & phone of Accountant
Name & phone of Attorney
Name & phone of Investment Advisor/Broker
Name & phone of Insurance Advisor
Have you ever had a financial plan prepared for you? <input type="radio"/> yes <input type="radio"/> no
Have you drawn a Will? <input type="radio"/> yes <input type="radio"/> no Have you drawn a Trust? <input type="radio"/> yes <input type="radio"/> no
Please furnish the name of the executor(s) and the year the documents were drawn:
Income Tax returns are filed through (date):
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? <input type="radio"/> yes <input type="radio"/> no

SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES				
Number of shares 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 C - RESIDENCES AND OTHER REAL ESTATE EQUITIES (PARTIALLY OR WHOLLY OWNED)									
Address and Type of Property (Residence or Rentals)	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment	Mortgage Lender	Monthly Income

SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE					
Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE E - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name of Address or Creditor	Original Loan/Line Amount	Amount Owed	Monthly Payment or Lease Payment	Unsecured or Secured (List Collateral)

SCHEDULE F - BUSINESS VENTURES

List Name and Address of any Business Venture in Which You Are a Principal or Partner	Your % of Ownership	Your Position/Title in Business	Total Assets of Business	Total Liabilities of Business	Total Net Worth of Business	Line of Business	Years in Business

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 statement, this should be considered as a continuing statement and substantially correct. 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. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

By signing below, I/we authorize Isabella Bank to obtain a consumer credit report on me/us which will be used in evaluating the loan application. I/we understand that Isabella Bank may retain this financial statement whether or not credit is granted.

Date signed _____

Signature (individual) _____

Date of Birth _____ Social Security Number _____

Driver's License # _____ State _____ Exp. _____

Date signed _____

Signature (other party) _____

Date of Birth _____ Social Security Number _____

Driver's License # _____ State _____ Exp. _____