PERSONAL FINANCIAL STATEMENT

FOUNDERS Bank&Trust

AS OF: / /

5200 Cascade Rd. SE
Grand Rapids, MI
Ph: (616) 956-9030
Fax: (616) 464-5872
http://www.foundersbt.com

SECTION 1- APPLICANT INFORMATION	
Name:	
Date of Birth:	/ /
Address:	
City, State, Zip:	
Position or Occupation:	
Business Name:	
Business Address:	
City, State, Zip:	
Years of Employment:	
Res. Phone:	
Bus. Phone:	
Cell Phone:	
E-mail:	

SECTION 2- CO-APPLICANT INFORMATION	
Name:	
Date of Birth:	/ /
Address:	
City, State, Zip:	
Position or Occupation:	
Business Name:	
Business Address:	
City, State, Zip:	
Years of Employment:	
Res. Phone:	
Bus. Phone:	
Cell Phone:	
E-mail:	

Marital Status: ☐ Married ☐ Separated ☐ Unmarried (include divorced, widowed) Dependents: Ages:

SECTION 3- STATE OF FINANCIAL CONDITION (COMPLETE SCHEDULE ON NEXT PAGE)

ASSETS (1) In Dollars, Omit Cents	**Applicant**	**Co-Applicant**	**Joint**
Cash- **Sch. A**			
Securities- **Sch. B**			
Real Estate- **Sch. C**			
Retirement- **Sch. D**			
Other Assets- **Sch. E**			
Business Assets- **Sch. F**			
Cash Value Life Ins- **Pg. 3**			
Misc. Assets- **Itemize:**			
TOTAL ASSETS:	$	$	$

LIABILITIES List All Debts	**Applicant**	**Co-Applicant**	**Joint**
Real Estate Debt- **Sch. C**			
Personal Debts- **Sch. G**			
Other Debts- **Itemize:**			
TOTAL LIABILITIES:	$	$	$
NET WORTH:	$	$	$

SECTION 4- OTHER REQUIRED INFORMATION

SOURCES OF INCOME

INCOME FOR YEAR ENDED:	**Applicant**	**Co-Applicant**
Base Salary:		
Bonuses & Commissions:		
Interest & Dividends:		
Net Real Estate Income:		
Other Income- **Itemize (2):**		
TOTAL INCOME:	$	$

CONTINGENT LIABILITIES

	Applicant	**Co-Applicant**
As endorser, co-maker, or guarantor:		
On leases or contracts payable:		
On current legal claims:		
Other noteworthy debt:		
Contested income or property tax liens:		
TOTAL:	$	$

OTHER PERSONAL INFORMATION

Do You Have a Will?	Name of Executor:
Do You Have a Trust?	Name of Trustee:

Are there any assets listed above held in another person's name, in escrow, or in trust? If so, which assets are so held?

Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:

Are any assets pledged other than as described on schedules? If so, describe:

Are you a defendant in any suits or legals actions? If so, describe:

Have you ever declared bankruptcy? If so, describe (incl. date):

Income tax settled through (date): / /

Are any back taxes owing? If so, list amount:

(SCHEDULES ON NEXT PAGE)

(1) Information concerning applicant's spouse is requested only if the spouse will be contractually liable or the applicant is relying upon the spouse's income or alimony, child support of separate maintenance payments from the spouse.

(2) Alimony, child support, or separate maintenance payments need not be included unless applicant desires income from these sources be considered in connection with this application.

REQUIRED SCHEDULES- ATTACH ADDITIONAL PAGES AS NECESSARY

SCHEDULE A- CASH: CHECKING, SAVINGS, MONEY MARKET, CD, ETC.

FINANCIAL INSTITUTION	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	TYPE OF ACCOUNT	CURRENT BALANCE	IF PLEDGED, WHERE?

SCHEDULE B- SECURITIES: BROKERAGE ACCOUNTS, STOCKS, BONDS, MUTUAL FUNDS, PUBLIC OR PRIVATE HOLDINGS, ETC.

DESCRIPTION OF SECURITY	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	NUMBER OF SHARES	BOOK VALUE	PRESENT MARKET VALUE	IF PLEDGED, WHERE?

SCHEDULE C- REAL ESTATE: PERSONAL AND INVESTMENT; INCLUDE RELATED DEBTS

DESCRIPTION & LOCATION	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	DATE PURCHASED	ORIGINAL COST	PRESENT MKT VALUE	TOTAL DEBT BALANCE	MONTHLY PAYMENTS	RENTAL INCOME

SCHEDULE D- RETIREMENT: 401(K), 403(B), IRA, PENSION, ANNUITY, ETC.

NAME OF INSTITUTION	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	BENEFICIARY	TYPE OF ACCOUNT	PRESENT MARKET VALUE	% VESTED

SCHEDULE E- OTHER ASSETS (AUTOS, RECREATIONAL RELATED, PERSONAL PROPERTY, NOTES RECEIVABLE, PATENTS, ETC.)

DESCRIPTION OF ASSET (IF VEHICLE, INCLUDE YEAR, MAKE, & MODEL)	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	ESTIMATED VALUE	DATE ACQUIRED	BORROWER (IF NOTE RECEIVABLE)	

SCHEDULE F- OTHER ASSETS: CLOSELY HELD COMPANIES OR OTHER BUSINESS ASSETS

ASSET OR NAME OF BUSINESS VENTURE WHICH YOU HOLD OWNERSHIP	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	OWNER-SHIP %	ESTIMATED VALUE- YOUR %	POSITION OR TITLE	BUSINESS TYPE	# OF YRS

SCHEDULE G- NON REAL-ESTATE PERSONAL DEBTS (AUTO, INSTALLMENT, LINES, NOTEWORTHY PAYABLES, CREDIT CARDS, ETC.)

FINANCIAL INSTITUTION	BORROWER (APPLICANT / CO-APPLICANT / JOINT)	LOAN TYPE	ORIGINATION DATE	CURRENT BALANCE	MONTHLY PAYMENT	MATURITY OR TERM	COLLATERAL / LOAN USE

PERSONAL ADVISORS- PLEASE INDICATE NAME, COMPANY, AND PHONE NUMBER

ATTORNEY:		ACCOUNTANT:	
FINANCIAL ADVISOR:		INSURANCE AGENT:	

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by the Bank in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given herein. Bank is authorized to make all inquiries and to obtain all credit reports it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Bank of any subsequent changes which would affect the accuracy of this Statement and, unless so notified, Bank may continue to rely upon this Statement as accurately representing the financial condition of the Applicant(s). Bank is further authorized to answer any questions about Applicant(s) credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Bank can be a violation of federal law (18 U.S.C. sec. 1014) and may result in a fine or imprisonment or both. By signing below, each Applicant declares that he/she has read and understands the statement above.

SIGNATURE: _____ SSN: _____ DATE: _____

SIGNATURE: _____ SSN: _____ DATE: _____

INSURANCE SCHEDULE

AS OF: / /

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SCHEDULE E- LIFE INSURANCE

INSURANCE COMPANY	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	BENEFICIARY	FACE VALUE AMOUNT	CURRENT CASH VALUE (IF ANY)	REMAINING TERM	POLICY LOANS? YES / NO	IF PLEDGED, WHERE?	POLICY / ACCOUNT NUMBER

SCHEDULE E CONTINUED- DISABILITY INSURANCE

INSURANCE COMPANY	OWNERSHIP (APPLICANT / CO-APPLICANT / JOINT)	MONTHLY DISABILITY BENEFIT	ANNUAL PREMIUM	PERSONAL OR BUSINESS USE	BENEFIT PERIOD	ELIMINATION PERIOD	POLICY TYPE (SEE BELOW)*	POLICY / ACCOUNT NUMBER

***PLEASE INDICATE THE TYPE OF DISABILITY INSURANCE POLICY: OWN-OCCUPATION, INCOME REPLACEMENT, OR GAINFUL-OCCUPATION.**