

INDIVIDUAL FINANCIAL STATEMENT

IMPORTANT: Date and sign statement

(For Wisconsin residents only)

Date of Financial Statement _____

Name _____

Address _____

To _____ ("Lender")

For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition on _____. This statement is Lender's property.

For Wisconsin residents only: I am [] married [] unmarried [] legally separated

Name of spouse _____ Address _____

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under § 766.59, Wis. Stats., or court decree under § 766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW:

[] Individual Credit. If a married applicant is applying for individual credit, complete this statement including all marital property and all individual property of the applicant, but do not include individual property of the non-applicant spouse. Include all liabilities of both spouses. Only the applicant must sign on page 2.

[] Joint Credit with spouse as joint applicant. If married applicants are applying for joint credit, include all assets and all liabilities of both spouses. Both spouses must sign this statement.

[] Joint Credit with _____ as joint applicant who is not your spouse. If a married applicant is applying for joint credit with someone other than his or her spouse, each applicant must complete a separate statement as if applying for individual credit, including all marital property and all individual property of the applicant. Do not include any individual property of the non-applicant spouse. Include all liabilities of the applicant and the applicant's spouse. Only the applicant must sign on page 2.

For purposes of this statement:

Marital property means assets acquired with my or my spouse's income on or after 1-1-86; and

Individual property means property owned (whether in joint or sole name) by me prior to marriage, prior to establishing residence in Wisconsin, or prior to 1-1-86, however acquired, and property acquired by me by gift or inheritance at any time.

COMPLETE ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY

Table with columns: ASSETS, LIABILITIES OF APPLICANT AND SPOUSE, TOTAL ASSETS, TOTAL LIABILITIES and NET WORTH. Rows include Cash on Hand, Securities, Loans, Real Estate, Automobiles, etc.

Table with columns: SOURCES OF INCOME FOR YEAR ENDED, CONTINGENT LIABILITIES OF APPLICANT AND SPOUSE. Rows include Salaries & Bonuses, Commissions, Dividends & Interest, Real Estate, Other.

*For Married Wisconsin residents, name each spouse and include the income of each spouse.
**Income from Alimony, Child Support or Separate Maintenance income and income from medical insurance, disability or wage continuation insurance need not be revealed if you do not wish the Lender to consider this income on determining your creditworthiness.

PERSONAL INFORMATION

Home Telephone _____ Social Security No. _____ Date of Birth _____

Employer(s) of Applicant(s) _____

Are any assets pledged or restricted other than indicated on the following schedules? If so, describe. _____

Are you a defendant in any legal actions or suits? If so, describe. _____

Are you a partner or officer in any other venture? If so, describe. _____

Do you have a will? [] Yes [] No If so, name of Personal Representative _____

Have you ever been declared Bankrupt? If so, describe. _____

Driver's License (or [] State ID Card) Name, No., State and Expiration Date _____

Changed Name on Driver's License or State ID Card in Past 5 Years [] No [] Yes, and give Prior Name _____

COMPLETE SCHEDULES AND SIGN ON PAGE 2

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit

Type	Name of Financial Institution	Amount	In Name Of:	PLEGDED	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Schedule B - U.S. Government, Listed & Unlisted Securities (List on separate sheet if necessary)

No. of Shares or Face Value (Of Bonds)	Description*	Owner	Market Value	PLEGDED	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*Indicates if Securities are Restricted By Contract or SEC Regulations.

Schedule C - Life Insurance Carried, Include Group

Face Amount	Name of Company	Owner	Beneficiary	CASH SURRENDER	
				Value	Loans

Schedule D - Real Estate Owned

Address & Type of Property	Date Acquired	Owner	Cost	Mkt. Value	MORTGAGE			Insurance
					Amount	Monthly \$	Maturity	

Schedule E - Names of Lenders Where Credit Has Been Obtained

Name & Address of Lender	Borrower	Date Made	Monthly Payment	Due	High Credit	Current Balance	Sec. or Unsec.

Schedule F - Notes and Loans Receivable

Unpaid Amount	Name of Maker	Date Made	Security Pledged

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I certify that this financial statement is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender, to the extent not prohibited by applicable law. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement.

It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

(Date Signed)

X _____
Applicant Signature

X _____
Joint Applicant Spouse Signature (joint credit only)

For married Wisconsin resident. I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

X _____
Applicant Signature

SCHEDULE OF INDEBTEDNESS

Name of Borrower: _____

Date: _____

(Should be same as latest financial statement or tax return)

Include all debts except accounts payable and accrued expenses. The current balance and total must agree with the latest balance sheet submitted.

Entity Name	Creditor	Original Amount	Origination Date	Current Balance	Rate of Interest	Maturity Date	Monthly Payment	Collateral	Payment Status*

Total: _____ \$0.00

*Please indicate if the loan is current, delinquent or paid-in-full. Also, list on this schedule, any debt incurred after the date referenced above.

PLEASE INDICATE WITH AN ASTERISK THOSE LOANS TO BE REFINANCED WITH THE PROPOSED REQUEST.

Borrower's Signature: _____

Date: _____

Addendum to Individual Financial Statement

- I. Please complete the information within the box.
 II. All other information is to be completed at your option. The purpose of this information is to help us better understand and meet your financial goals and needs.

Client Name: _____ DOB: _____ Soc. Sec. #: _____ E-Mail: _____ Work Phone: _____ Cell Phone: _____	Spouse: _____ DOB: _____ Soc. Sec. #: _____ E-Mail: _____ Work Phone: _____ Cell Phone: _____
Contact Preference: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail	Contact Preference: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail

Children/Dependents	Date of Birth	School Attending/Place of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney	_____
Accountant	_____
Financial Planner	_____
Insurance Agent	_____
Broker	_____
Current Bank	_____
Other	_____

Financial Goals

Short-term _____
 Long-term _____

Concerns:

<input type="checkbox"/> Saving for Retirement	<input type="checkbox"/> College Education for Children	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Long-Term Care
<input type="checkbox"/> Taxes	<input type="checkbox"/> Insurance	<input type="checkbox"/> Care for Parents/Others	

Estate Review

	<u>YES</u>	<u>NO</u>	
Do you have a trust?	<input type="checkbox"/>	<input type="checkbox"/>	Trustee _____
Do you have a durable POA?	<input type="checkbox"/>	<input type="checkbox"/>	Agent/s _____
Do you have a medical POA?	<input type="checkbox"/>	<input type="checkbox"/>	Agent/s _____
Do you have a living will?	<input type="checkbox"/>	<input type="checkbox"/>	Agent _____
Date Will last reviewed:	_____		