



Farmers & Merchants Bank of Colby

240 W. 4th St. • P.O. 797 • Colby, KS 67701 • (785) 460-3321 • (785) 460-9727 FAX

PERSONAL FINANCIAL STATEMENT

*** IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS FINANCIAL STATEMENT

- 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 or another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4 on the first page. Please fill out the reverse side also, and if you own an asset jointly with another person, show the aggregate market value and debt on the reverse side and include only your pro-rata share of each on this side.
- If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. Include all individual as well as joint assets, liabilities, income, etc. in Sections 3 and 4. In lieu of this, the joint applicant may complete a separate personal financial statement and the applications may be submitted together.
- 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 a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person on whose alimony, support, or maintenance payments or income or assets you are relying. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your individual guaranty of the indebtedness of other person(s), firm(s), or corporations(s), complete Section 1, 3 and 4, and include your interests in jointly held assets and related liabilities as described in the first instruction above. If it is to be a joint guaranty, complete it as described in the second instruction above.

| Section 1 – Individual Information (Please Type or Print) | Section 2 – Other Party Information (Please Type or Print) |
|---|--|
| 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: | Length of Employment: |
| Residence Phone: | Residence Phone: |
| Business Phone: | Business Phone: |

| Section 3 – Statement of Financial Condition as of | | | |
|--|-------------------------|--|-------------------------|
| 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 Banks - See Schedule E | |
| Cash in Other Banks | | Notes Payable to Other Institutions – 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 | |
| Securities in Margin Accounts - See Schedule A | | Amounts Payable to Others - Unsecured | |
| Restricted Stocks - See Schedule A | | Accounts and Bills Due | |
| Real Estate Owned - See Schedule C | | Unpaid Income Tax | |
| Accounts, Loans, and Notes Receivable | | Other Unpaid Taxes and Interest | |
| Life Insurance (Cash Surrender Value) – See Schedule D | | Real Estate Mortgages Payable – See Schedules C & E | |
| Retirement, 401K, IRA, Etc. | | Other Debts – Itemize (Car Payments, Credit Cards, Etc.) | |
| Automobiles | | | |
| Personal Property (Household Goods Owned) | | | |
| Other Assets-Itemize - See Schedule F if Applicable | | | |
| | | Total Liabilities | |
| | | Net Worth | |
| Total Assets | | Total Liabilities and Net Worth | |

| Section 4-Annual Income – For Year Ended | Annual Expenditures | Contingent Liabilities | Estimated Amounts |
|---|---|---|-------------------|
| Salary, bonuses & commissions \$ | Mortgage/rental payments \$ | Do you have any Yes No | \$ |
| Dividend & Interest \$ | Real estate taxes & assessments \$ | Contingent liabilities (as endorser, Co-maker or guarantor?..... On leases? On contracts?) | \$ |
| Real Estate Income \$ | Taxes – federal, state & local \$ | Involve ment in pending legal actions? <input type="checkbox"/> <input type="checkbox"/> | \$ |
| Other income (alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation) \$ | Other contract payments (car payments, charge cards, etc.) \$ | Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/> | \$ |
| | Alimony, child support Maintenance \$ | Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/> | |
| | Other expenses \$ | If "yes" to any question(s) describe. | |
| Total Income \$ | Total Expenditures \$ | Total Contingent Liabilities | \$ |

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

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 (PARTIALLY OR WHOLLY OWNED)

| Address and Type of Property | Title in Name Of | % of Ownership | Date Acquired | Cost | Market Value | Monthly Payment | Mortgage Amount | Mortgage Maturity |
|------------------------------|------------------|----------------|---------------|------|--------------|-----------------|-----------------|-------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 |
|---------------------------|-----------------|------------------------------|-------------|--------------|----------------------|
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| | | | | | |
| | | | | | |

SCHEDULE E – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

| Name and Address of Creditor | Original Loan/Line Amount | Date of Loan | Maturity Date | Unsecured or Secured (List Collateral) | Amount Owed |
|------------------------------|---------------------------|--------------|---------------|--|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F – BUSINESS VENTURES

| List Name and Address of Any Business Venture in Which You Are a Principal or Partner | Total Assets Listed in Section 3 | Your % of Ownership | Your Position/ Title in the Business | Total Assets of Business | Line of Business | Years in Business |
|---|----------------------------------|---------------------|--------------------------------------|--------------------------|------------------|-------------------|
| | | | | | | |
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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 acknowledges and understands 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 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. **Each of the undersigned represents, warrants, and certifies that none of the above assets are held in trust, and will notify you immediately if any of the above assets are transferred to a trust.**

Date Signed: _____

Signature (individual): _____
 Social Security #: _____
 Date of Birth: _____

Date Signed: _____

Signature (other party): _____
 Social Security #: _____
 Date of Birth: _____