



PERSONAL FINANCIAL STATEMENT

Submitted to: **F&M Bank and Trust Company**
 505 Broadway, PO Box 938, Hannibal, Missouri 63401

IMPORTANT: Read these directions before completing this 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 of another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.
- ☐ If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement (C-100) 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 whose alimony, support or maintenance payments or income or assets you are relying on. 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 guaranty of the indebtedness of other person(s), firm(s) or corporations(s), complete Sections 1, 3 and 4.

Section 1 - Individual Information	Section 2 - Other Party Information
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
Home Phone	Home Phone
Work Phone	Work Phone

Section 3 - Statement of Financial Condition as of _____, 20____			
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 held by broker in margin accounts		Amounts payable to others - unsecured	
Restricted, control or margin account stocks		Accounts and bills due	
Real estate owned - see Schedule C		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable - see Schedule C & E	
Other personal property		Other debts (car payments, credit cards, etc.) - itemize	
Cash surrender value - life insurance - see Schedule D		Total Liabilities	
Other assets - itemize - see Schedule F if applicable		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4 - Annual Income for Year Ended _____, 20____		Annual Expenditures		Contingent Liabilities		Estimated Amounts
Salary, bonuses & commissions		Mortgage/rental payments		Do you have any... Contingent liabilities (as endorser, co-maker or guarantor?...On leases? On contracts?)	Yes ☐ No ☐	
Dividends & interest		Real estate taxes & assessments		Involvement in pending legal actions?	☐ ☐	
Real estate income		Taxes - federal, state & local		Other special debt or circumstances?	☐ ☐	
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)		Insurance payments		Contested income tax liens?	☐ ☐	
		Other contract payments (car payments, charge cards, etc.)		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 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 & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payments	Mortgage Amount	Mortgage Maturity
Residence(s)								
Residence(s)								
Other								
Other								

Schedule D - Life Insurance Carried, Including Group Insurance					
Name of Insurance Co.	Owner of Policy	Beneficiary & Relationship	Face Amount	Policy Loans	Cash Surrender Value

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	

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 creditworthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed _____, 20____

Signature (individual) _____
Social Security Number _____
Date of Birth _____

Date Signed _____, 20____

Signature (other party) _____
Social Security Number _____
Date of Birth _____

(USE ADDITIONAL SCHEDULES IF NECESSARY)