



**SCHEDULE A – U.S. GOVERNMENTS & MARKETABLE SECURITIES**

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

**SCHEDULE B – NON MARKETABLE SECURITIES**

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

**SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES**

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment

**SCHEDULE D – REAL ESTATE OWNED**

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment

**SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE**

Name of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

**SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED**

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance	Monthly Payment

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) \_\_\_\_\_ Signature (Other Party) \_\_\_\_\_

S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_ 20 \_\_\_\_\_ Date Signed \_\_\_\_\_ 20 \_\_\_\_\_

**CUSTOMER IDENTIFICATION VERIFICATION – MUST BE COMPLETED FOR NEW CUSTOMERS ONLY**

Individual Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Party Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Documentary and Non-Documentary Data Verification Used If Driver's License is unattainable: OFAC/Terrorist List Results: \_\_\_\_\_  
Description of discrepancy if any, and if resolved or not:

1. \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

3. \_\_\_\_\_ Name of Agency Providing Information: \_\_\_\_\_