

BSNB Personal Financial Statement

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account that you and another person will use, complete all sections, providing information where applicable about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant _____

Co-Applicant _____

1. Individual Information			2. Other Party Information		
Name			Name		
Address		Home Phone	Address		Home Phone
City	State	Zip	City	State	Zip
Present Employer		Years There	Present Employer		Years There
Employer's Address			Employer's Address		
Position or Occupation		Business Phone	Position or Occupation		Business Phone
3. Assets			Liabilities		
		(in dollars)			(in dollars)
Cash on hand and in this bank		\$	Notes Payable to Banks (Schedule E)		\$
Cash in other banks			Notes Payable to other Institutions (see Schedule E)		
Marketable Securities – Non-IRA (see Schedule A)			Due to Brokers		
Non-marketable Securities – IRA (see Schedule B)			Amount Payable to Others - Secured		
Securities held by Broker in Margin Accounts			Amount 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 Schedules 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 (please itemize -see Schedule F if applicable)			Net Worth		
Total Assets			Total Liabilities and Net Worth		
4. Annual Income			Annual Expenses		
(for Year Ended _____ 20_____)			Mortgage/Rental Payments		\$
Salary Bonuses and Commissions		\$	Real Estate Taxes and Assessments		
Dividends and Interest			Taxes (Federal, State, Local)		
Real Estate Income			Insurance Payments		
Other Income (alimony, child support or (car, charge cards, etc.), separate maintenance income need not be disclosed unless you wish the Bank to consider them in a credit decision).			Other Contract Payments		
			Alimony, child support, maintenance		
			Other Expenses		
Total Income			Total Expenses		
Contingent Liabilities (estimated amounts)					
Are you	yes	no	\$	yes	no
Endorser, Co-maker or Guarantor	<input type="checkbox"/>	<input type="checkbox"/>		Contested Income Tax Liens	<input type="checkbox"/>
On Leases or Contracts	<input type="checkbox"/>	<input type="checkbox"/>		<i>If yes to any question, please attach an explanation</i>	
Involved in legal claims	<input type="checkbox"/>	<input type="checkbox"/>		Total Contingent Liabilities	<input type="checkbox"/>

Schedule A Marketable Securities – Non-IRA

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 – IRA

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
Residence(s)								
Residence(s)								
Other								
Other								

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

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 credit-worthiness 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 (individual) _____
 Social Security Number _____ Date of Birth _____