

(USE ADDITIONAL SCHEDULES IF NECESSARY AND ATTACH TO THIS FORM)

SCHEDULE A - CASH AND CERTIFICATES OF DEPOSIT IN OTHER BANKS

Description	Name of Institution	In Name Of	Are These Pledged or Held by Others?	Value

SCHEDULE B - 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?	Cost	Market Value

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are These Registered, Pledged or Held by Others?	Original Investment	Current Value	Source of Value

SCHEDULE D - 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 Balance	Mortgage Maturity

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy	Cash Surrender Value

SCHEDULE F - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

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

SCHEDULE G -BUSINESS VENTURES AND OTHER ASSETS

Last Name and Address of Any Business Venture in Which You Are an Owner, Stockholder 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 MEMO to extend or to continue a trust relationship with to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that MEMO is relying on the information provided herein in deciding to grant or continue a trust relationship or to accept a surety thereof. Each of the undersigned represents warrants and certifies that the infoamation provided herein is true, correct and complete. Each of the undersigned agrees to notify MEMO immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the infroamtion 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 MEMO. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substancially correct. MEMO is authorized to make all inquiries

MEMO deem's necessary to verify the accuracy of the information contained herein, and to determine the acceptability of the undersigned. Each of the undersigned authorizes MEMO to answer questions about the trust relationship experience with the undersigned.

Date Signed _____, _____

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

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