

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

- If you are applying for a MEMO Trustee relationship 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 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 this statement relates to your surety of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1, 3 and 4.

Section 1 - Individual Information (type or print)		Section 2 - Other Party Information (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	
Res. Phone	Bus. Phone	Res. Phone	Bus. 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 F	
Cash in other banks (Bank CD's - See Schedule A)			Notes payable to other institutions - See Schedule F	
U.S. Gov't marketable securities - See Schedule B			Due to brokers	
Non-marketable securities - See Schedule C			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 D			Unpaid income tax	
Accounts, loans and notes receivable			Other unpaid taxes and interest	
Automobiles			Real estate mortgages payable - See Schedule D	
Other personal property			Other debts (car payments, credit cards, etc.) - Itemize	
Cash surrender value - life insurance - See Schedule E				
Other assets - itemize - See Schedule G if applicable				
			Total Liabilities	
			Net Worth	
TOTAL ASSETS			TOTAL LIABILITIES and NET WORTH	

PERSONAL INFORMATION	YES	NO	ACCOUNTANT
Do you have a will? If so, name executor:	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ Phone: _____
Have you ever declares bankruptcy? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	ATTORNEY Name: _____ Address: _____ Phone: _____
Have you ever been audited by the IRS? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4 - Annual Income For Year Ended	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary \$ _____	Mortgage/rental payments \$ _____	Do you have any ... Yes No	
Bonuses & Commissions _____	Real Estate taxes & Assessments _____	Contingent liabilities (as endorser, Co-Maker, Guarantor or Surety?... On leases? On contracts?) <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Dividends & Interest _____	Taxes, Federal, State & Local _____	Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>	_____
Real Estate Income _____	Other contract payments _____	Other Special debt or circumstances? <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)	(car payments, charge cards, etc.) _____	Contested Income Tax Liens? <input type="checkbox"/> <input type="checkbox"/>	_____
	Alimony, Child Support, Maintenance _____	If "Yes" to any question(s) describe: _____ _____ _____	
	Other expenses _____		
Total \$ Income	Total \$ Expenditures	Total \$ Contingent Liabilities	

(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 infroamation 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 _____

(USE ADDITIONAL SCHEDULES IF NECESSARY)