

To protect your privacy, this statement should NOT be emailed after it is completed. This statement should be printed and signed, then mailed, faxed, or hand-delivered to your Bank Officer

PERSONAL FINANCIAL STATEMENT

ASSETS: Only assets titled directly in the below name(s) should be listed in Section 2. Contingent and indirect assets should be listed in Section 3. LIABILITIES: List all direct liabilities in Section 2. Contingent and indirect liabilities should be listed in Section 3.

Instructions/Reminders for completing the form:

- 1. Check off and initial if applying for individual or joint credit.
- 2. Complete sections as appropriate. Please make sure to insert a date in Section 2.
- 3. Please sign and date the form on page 4.

IMPORTANT: Please read, check off one of the following statements and initial below.

This personal financial statement is being offered in conjunction with an individual application for business purpose credit, for an extension or renewal of such credit, or compliance with annual financial reporting requirements. Please complete Sections 1A, 2, 3, and 4A.

This personal financial statement is being offered in conjunction with a joint application for business purpose credit, for an extension or renewal of such credit, or compliance with annual financial reporting requirements. Please complete Sections 1A, 1B, 2, 3, 4A and 4B and initial below.

Applicant and co-applicant (if applicable) must initial in the appropriate area:

Applicant and co-applicant (II applicable) must initial	iii tile appropriate area.	Applicant Initials		Co-Applicant Initials
SECTION 1A - INDIVIDUAL INFOR	MATION	SECTION 1B - OTHER	R PARTY INFO	RMATION
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		
Email Address		Email Address		
Phone Number:	U.S. Citizen	Phone Number:		U.S. Citizen
Cell Phone:	Permanent Resident	Cell Phone:		Permanent Resident
Business Phone:	Other	Business Phone:		Other

NOTE: Please complete all Schedules first; dollar amounts will automatically fill in under Section 2.

SECTION 2 - STATE	MENT OF ASSETS AN	D LIABILITIES AS OF:	
Direct Assets	Amount In dollars (omit cents)	Direct Liabilities	Amount In dollars (omit cents)
Personal Bank Accounts (Schedule 1)	\$	Life Insurance Loans (Schedule 2)	\$
Cash Value Life Insurance (Schedule 2) (not face value - do not deduct loans)	\$	Loans Owing Banks and Others (Schedule 9)	\$
Fully Marketable Securities (Schedule 3)	\$	Mortgages Owing - Personal Real Estate (Schedule 6)	\$
Non-Marketable Securities (Schedule 4)	\$	Mortgages Owing - Investment Real Estate (Schedule 7)	\$
Accounts/Notes Receivable (Schedule 5)	\$	Other Liabilities Owing (Schedule 10)	\$
Real Estate For Personal Use (Schedule 6)	\$	Total Liabilities	\$
Real Estate Investments (Schedule 7)	\$		
Ownership In Privately Owned Business(es) (Schedule 8)	\$		
Personal Effects (Schedule 11)	\$	Net Worth (Total Assets Minus Total Liabilities)	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

SCHEDU	ILE 1 - PERSONAL BANK ACCOUNTS (inc	cluding checking, savings, money m	narket, CD's, etc.)	
Bank	Titled in Name(s) of	Type of A/C	A/C No.	Balance
				\$
				\$
				\$
				\$
				\$
				\$
			TOTAL	\$

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	SCHEDULE 2 - LIFE I	NSURANCE CA	RRIED (includ	de "GI" and g	roup insurance)	
Insurance Company	Name of Insured	Face Amount of Policy		Policy Loans	Policy Owner	If Assigned, To Whom?
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		TOTAL	\$	\$		

	SCH	EDULE 3 - MAR	KETABLE SE	CURITIES		
Bond Par or No. of Shares		Are They Pledged or Held By Others?		Registered Owner(s)	Market Value On Statement Date	Exchange Where Traded
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
				TOTAL	\$	

	SCHEDULE 4 - NON-MA	ARKETABLE	SECURITIES	
Bond Par or No. of Shares		Cost	Registered Owner(s)	Market Value On Statement Date
		\$		\$
		\$		\$
			TOTAL	\$

		SCHEDUL	.E 5 - ACCOUNT	S AND NOTES RECEIVA	BLE	
					Security Held For This D	ebt
Date of Note of Account	Due From	Original Amount	Present Balance	Repayment Terms	Description	Cost
		\$	\$			\$
		\$	\$			\$
		\$	\$			\$
		TOTAL	\$			

	SCHEDU	LE 6 - REAL ES	TATE FOR PE	ERSONAL U	SE			
Full Address				Market	Mortgage	Monthly	Interest	
(street,city,twp,cnty,state)	Titled In Name(s) Of	Date Bought	Original Cost	Value	Balance	Payment	Rate	Owed To
			\$	\$	\$	\$	%	
			\$	\$	\$	\$	%	
		TOTAL	\$	\$	\$	\$		

	S	SCHE	DULE 7 - REAL	ESTATE INV	ESTMENTS			
Description/Location of	% C	Owned		Your Original				
Real Estate Investment	Titled In Name(s) Of By	y You	Year Purchased	Cost	Ownership	Interest Rate	Balance	Owed To
						\$		
		%		\$	\$	%	\$	
						\$		
		%		\$	\$	%	\$	
						\$		
1								
		%		\$	\$	%	\$	
			TOTAL	\$	\$	\$	\$	

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	SCHEDULE 8 - OV	WNERSHIP OF PRIVATELY OWNED BUS	INESS(ES)			
Business Name and Address	Form of Ownership **	Nature of Business	Date of Investment	Original Investment Cost	% of Ownership	Present Net Value of Your Investment
				\$	%	\$
				\$	%	\$
				\$	%	\$
** Indicate: proprietor, general partner, lin	nited partner, corporation	, LLC, etc	TOTAL	\$,-	\$

SCHEDULE 9 - LC	ANS OWING BANKS	, BROKERS, FIN	IANCE COMP	ANIES, AND	OTHERS (N	MasterCard, Visa, etc.)
Owing to (Show Name & Account #)	Original Amount	Date of Orig. Borrowing	Present Balance Due	Monthly Payment	Interest Rate	Secured By
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
		TOTAL	\$	\$		

SCHEDULE 10 - OTHER LIABILITIES (include Income Taxes, Real	Estate Taxes, other Accounts / Bills Owing)	
Other Liabilities (Describe):	To Whom Owed	Amount
		\$
		\$
		\$
		\$
	TOTAL	\$
SCHEDULE 11 - PERSONAL EF	FECTS	
SCHEDULE 11 - PERSONAL EF	FECTS	Amount
	FECTS	Amount \$
	FECTS	
	FECTS	\$
	FECTS	\$
	FECTS	\$ \$ \$

SECTION 3								
Contingent and Indirect Assets (such as trust, vested commissions, etc.):		Contingent and Indirect Liabilities (such as lease obligations, legal claims, contracts, co-maker, surety, endorser or guarantor for debts of others):						
Description	Amount	Description Amount						
\$			\$					
	\$		\$					
Total	\$	Total	\$					

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SECTION 4A - INDIVIDUAL INFOR	MATION	SECTION 4B - OTHER PARTY INFORMATION			
Sources of Annual Income:		Sources of Annual Income:			
Salary (Amount Reported On W-2) Or Professional Net Income		Salary (Amount Reported On W-2) Or Professional Net Income \$			
Bonuses and Commissions	Bonuses and Commissions \$		\$		
Alimony, Child Support and Separate Maintenance		Interest and Dividends Alimony, Child Support and Separate Maintenance Payments**	\$		
Net Real Estate Income \$		Net Real Estate Income	\$		
Other Income (describe): \$		Other Income (describe):			
Total Annual Income	\$	Total Annual 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.

	GENERAL INFORMATION				GENERAL INFORMATION				
Yes	No	(Please place "X" in appropriate box.)	Yes	No	(Please place "X" in appropriate box.)				
		Are you a defendant in any suit or legal action? If yes, explain:			Are you a defendant in any suit or legal action? If yes, explain:				
Are you presently subject to any unsatisfied judgements or tax liens? If yes, explain:				Are you presently subject to any unsatisfied judgements or tax liens? If yes, explain:					

INFORMATION CONCERNING WILL				INFORMATION CONCERNING WILL							
Date of Will:			No Will		No Executor	Date of Will:			No Will		No Executor
Attorney Nam	e:			Phone:		Attorney Nam	ne:			Phone:	
Accountant N	ame:			Phone:		Accountant N	lame:			Phone:	
Insurance Adv	visor:			Phone:		Insurance Ad	visor:			Phone:	
Investment Ad	dvisor:			Phone:		Investment Advisor:				Phone:	
		·								·	
Yes	No	(Please place "X" in appropriate box.)			iate box.)	Yes	No	(Please place "X" in appropriate box.)			ate box.)
Have you ever been through bankruptcy or settled any debts for less than amount owed? If yes, explain: Have you filed federal tax returns for the most recent year?				Have you file year?	s than amount	owed? If ye					
	Have you paid all related taxes?					Have you pa	id all related ta	xes?			
		D-46141	DO					D-46141	IDO		
Have you paid all related taxes? Date of last IRS audit						Have you pa		xes?			

The information contained in this statement is provided to induce the Bank to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant, to continue credit or to accept a surety 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 the Bank 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) obligation to the Bank. In the absence of such notice or new and full written statement, this should be considered as a continuing statement and substantially correct. The Bank is authorized to make all inquiries the Bank deems necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned including accessing third party city reporting agencies. Each of the undersigned authorizes the Bank to answer questions about the Bank's credit experience with the undersigned. In undersigned understand that the Bank will retain this statement and information contained herein whether or not credit is extended.

You have the right to request us not to share certain personal credit information (such as information we collect about you above and on your credit report), other than as permitted by law, with our affiliates. To do so, you may call our Loan Department at 1-610-628-1828. This request will apply only to the sharing of certain personal credit information among our affiliates and will take effect as soon as reasonably practicable.

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, business, non-profit, etc. who opens an account. What this means for you: If you are an individual, 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. For businesses, partnerships, non-profits, etc. we will ask for Articles of Incorporation, Corporate Resolutions, Beneficial Ownership forms (if applicable), or similar documents so that we can identify your entity.

Date Signed	 Signature (First Party) Social Security Number Date of Birth	
	Signature (Second) Party)	
	Social Security Number	
Date Signed	Date of Birth	

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	SCHE	DULE 7	- REAL ESTAT	E INVESTME	NTS (CONTINUED)			
Description/Location of Real Estate Investment		% Owned By You		Your Original	Mkt. Value of Your % of	Monthly Pymt	Mortgage Balance	0 17
Real Estate Investment	Titled In Name(s) Of	By You	Year Purchased	Cost	Ownership	Interest Rate	Balance	Owed To
						\$		
		%		\$	\$	%	\$	
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			TOTAL	\$	\$	\$	\$	

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