



FLAGSHIP BANK

Personal Financial Statement

CONTACT YOUR REPRESENTATIVE AT FLAGSHIP BANK MINNESOTA
IF YOU HAVE ANY QUESTIONS REGARDING THE
COMPLETION OF THIS FORM

Check appropriate box concerning credit request:

You are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as a basis of repayment of the credit requested.

This is an application for joint credit with another person.

We intend to apply for joint credit. Please initial here:

_____ Applicant

_____ Co-Applicant

You are applying for individual credit, but are relying in the income or assets of another person as the basis for repayment of the credit requested.

APPLICANT

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____

ADDRESS _____

CO-APPLICANT

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____

ADDRESS _____

DATE OF VALUATION: _____

- Round all amounts to nearest \$100.
- Attach separate sheet if you need more space to complete detail schedule.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this bank		Notes Payable Banks (Sch. 7)	
Cash in Other Banks (Detail)		Notes Payable Others (Sch. 7)	
		Installment Contracts Payable (Sch. 7)	
		Due Dept Stores, Credit Cards & Others	
IRA or Retirement Accounts (IRA, 401k)			
Due from Friends, Relatives & Others (Sch. 1)		Income Taxes Payable	
Mortgage & Contracts for Deed Owned		Other Taxes Payable	
Securities Owned (Sch. 3)			
Cash Surrender Value of Life Ins. (Sch. 4)		Loans of Life Insurance (Sch. 4)	
Homestead (Sch. 5)		Mortgage or Liens on Homestead	
Other Real Estate Owned (Sch. 5)		Mortgage or Liens on other Real Estate	
Automobiles		Owned (Sch. 6)	
		Other Liabilities (Detail)	
Personal Property			
Other Assets (Detail)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH (Total Assets - Total Liabilities)	

ANNUAL INCOME	APPLICANT	CO-APPLICANT	CONTINGENT LIABILITIES	
Salary			As endorser	
Commissions			As Guarantor	
Dividends			Lawsuits	
Interest			For Taxes	
Rentals			Other (Detail)	
Alimony, child support or maintenance (you need not show this unless you wish us to consider it.				
Other			<input type="checkbox"/> Check here if "none"	
Total Income			Total Contingent Liabilities	

SCHEDULE 1 – DUE FROM FRIENDS, RELATIVES & OTHERS

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		
			\$ per		
TOTAL					

SCHEDULE 7 – NOTES PAYABLE, BANKS & OTHERS AND INSTALLMENT CONTRACTS PAYABLE

<i>To Whom Payable</i>	<i>Address</i>	<i>Collateral or Unsecured</i>	<i>How Payable</i>	<i>Unpaid Balance</i>
			\$ per	
			\$ per	
			\$ per	
			\$ per	
			\$ per	
			\$ per	

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Dependents (If "None" check None)	_____ <input type="checkbox"/> None	_____ <input type="checkbox"/> None
Marital Status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date

Your Signature

Date

Co- Applicant Signature (if you are requesting the financial accommodation jointly)