☐ INDIVIDUAL

☐ JOINT WITH SPOUSE

DATE OF STATEMENT

# FINANCIAL STATEMENT---INDIVIDUAL

| TO FINANCIAL INSTITUTION NAMED: | NAME OF INDIVIDUAL: |
|---|---|
| **FIRST BETHANY BANK & TRUST**<br>**6500 NW 39TH EXPRESSWAY**<br>**BETHANY, OK 73008** | |

| HOME ADDRESS | HOME PHONE | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|---|---|---|---|
| | | | |

| EMPLOYER NAME AND ADDRESS | OFFICE PHONE | POSITION/TITLE | YEARS EMPLOYED |
|---|---|---|---|
| | | | |

| **ASSETS** (Omit Cents) | | **LIABILITIES** (Omit Cents) | |
|---|---|---|---|
| Cash in This Financial Institution (Schedule A) | | Notes Payable to Financial Institutions (Schedule F) | |
| Cash on Other Financial Institutions (Schedule A) | | Other Notes and Accounts Payable (Schedule F) | |
| Retirement Accounts | | Loans Secured by Real Estate (Schedule E) | |
| Notes and Loans Receivable (Schedule B) | | Life Insurance Policy Loans (Schedule D) | |
| Other Accounts Due Me (Schedule B) | | Taxes (Federal, State, Local) Due and Unpaid | |
| Stocks and Bonds-Marketable (Schedule C) | | Credit Card Indebtedness | |
| Other Stocks and Bonds (Schedule C) | | Due to Brokers in Margin Accounts | |
| Partnership and Proprietorship Interests | | | |
| Cash Surrender Value Life Insurance (Schedule D) | | | |
| Real Estate Owned (Schedule E) | | | |
| Other Assets | | *TOTAL LIABILITIES* | |
| | | *NET WORTH* | |
| *TOTAL ASSETS* | | *TOTAL LIABILITIES and NET WORTH* | |

| **INCOME AND EXPENSE for year ending_____** | | | |
|---|---|---|---|
| Salaries, Wages. Commissions and Bonuses | | Interest Paid | |
| Interest and Dividends | | Rent Paid | |
| Business and Partnership Income | | Federal and State Income Taxes | |
| Rentals | | Other Taxes | |
| Income from Estates and Trusts | | Alimony, Child Support and Separate Maintenance Paid | |
| Other *(Describe)-Alimony, Child Support or Separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying any obligation.* | | | |
| | | | |
| *TOTAL ALL INCOME* | | *TOTAL* | |

Federal Income Tax Return has been Filed Through . Any Additional Assessments? ☐ No ☐ Yes Amount $

## CONTINGENT LIABILITIES

| *NATURE OF LIABILITY* | *DESCRIPTION* | *AMOUNT* |
|---|---|---|
| Liabilities as Endorser, Co-Maker or Guarantor | | |
| Liabilities on Leases and Contracts | | |
| Liabilities on Letters of Credit | | |
| Contested Tax Liens | | |
| Involvement in Pending Actions, Claims, Judgements, etc. | | |
| | | |

## SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS

| *NAME OF FINANCIAL INSTITUTION* | *ACCOUNT IN NAME OF:* | *TYPE OF ACCOUNT* | *ACCOUNT NUMBER* | *CURRENT BALANCE* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## SCHEDULE B: NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME

| ORIGINAL AMOUNT | DUE FROM | BALANCE OWING | PAYMENT SCHEDULE | MATURITY | COLLATERAL |
|---|---|---|---|---|---|
| | | | | | |
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## SCHEDULE C: STOCKS AND BONDS

| ISSUING COMPANY | REGISTERED IN NAME OF: | NO. OF SHARES OR FACE AMT. OF BONDS | VALUE | | IF PLEDGED, TO WHOM? | WHERE TRADED |
|---|---|---|---|---|---|---|
| | | | Per Share | Total | | |
| | | | | | | |
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## SCHEDULE D: LIFE INSURANCE

| INSURANCE COMPANY | POLICY NUMBER | POLICY OWNER | BENEFICIARY | TYPE OF POLICY | FACE AMOUNT | CASH VALUE | LOANS AGAINST POLICY |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## SCHEDULE E: REAL ESTATE (Indicate by Homestead)

| LOCATION and DESCRIPTION | | ORIGINAL COST | MARKET VALUE | MO. INCOME | MORTGAGE PAYABLE TO: | MORTGAGE AMT. | PER MONTH |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## SCHEDULE F: NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS

| DUE TO WHOM | AMOUNT | HOW PAYABLE | MATURITY | COLLATERAL PLEDGED |
|---|---|---|---|---|
| | | | | |
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| | | | | |
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## SCHEDULE G: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER

| NAME AND ADDRESS OF BUSINESS | TYPE OF BUSINESS | % OWNERSHIP | POSITION/TITLE | FINANCIAL INSTITUTION OF ACCOUNT |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Has Undersigned executed a will disposing of estate in event of death? ☐ Yes ☐ No If yes, name of Executor _____

Has Undersigned made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past ten years? ☐ Yes ☐ No

If yes, please state details: _____

Marital Status (Do not complete if applying for individual unsecured credit):

☐ Married ☐ Separated ☐ Unmarried (Including single, divorced or widowed) Number of Dependents _____

## SIGNATURES

This Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

| SIGNATURE | DATE SIGNED | WITNESS |
|---|---|---|
| | | |
| SIGNATURE | DATE SIGNED | WITNESS |