

PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL



ALPINE FINANCIAL

INCORPORATED

14850 Scenic Heights Road, Suite 150
Eden Prairie, MN 55344
Phone: (952) 934-3380

IMPORTANT: DIRECTIONS TO APPLICANT

Read directions before completing Financial Statement.
Please check appropriate box

- Individual credit—If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.
- Joint Credit If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant sign this statement.
- Individual relying upon income or assets of spouse or other person.

Please do not leave any questions unanswered. Use “no” or “none” where necessary.

| | |
|-------------------------------------|--------|
| Personal Financial Statement as of: | (Date) |
| Applicant's Name(s): | |
| Home Address: | |
| Home Phone: | |
| Business Phone: | |

| Assets | <i>In Even Dollars</i> | <i>Liabilities and Net Worth</i> | <i>In Even Dollars</i> |
|--|-------------------------------|--|-------------------------------|
| Cash on hand and in Banks—See Schedule A | \$ | Notes Payable: This Bank—See Schedule A | \$ |
| U.S. Government Securities—See Schedule B | | Notes Payable: Other Institutions—See | |
| Listed Securities—See Schedule B | | Schedule A | |
| Unlisted Securities—See Schedule B | | Notes Payable—Relatives | |
| Other Equity Interests—See Schedule B | | Notes Payable—Others | |
| Accounts and Notes Receivable | | Accounts and Bills Due | |
| Real Estate Owned—See Schedule C | | Unpaid Taxes | |
| Mortgages and Land Contracts Receivable— See Schedule D | | Real Estate Mortgages Payable—See Schedule C or D | |
| Cash Value Life Insurance—See Schedule E | | Land Contracts Payable—See Schedule C or D | |
| Other Assets: Itemize | | Life Insurance Loans—See Schedule E | |
| Automobile | | Other Liabilities: Itemize | |
| Antique Collection | | | |
| | | TOTAL LIABILITIES | \$ |
| | | NET WORTH | \$ |
| TOTAL ASSETS | | TOTAL LIABILITIES AND NET WORTH | \$ |

| <i>Sources of Income</i> | <i>In Even Dollars</i> | <i>General Information</i> | |
|--|-------------------------------|--|-----------|
| Salary | \$ | Employer | |
| Bonus and Commissions | | Position or Profession | No. Years |
| Dividends | | Employer's Address | |
| Real Estate Income | | Phone No. | |
| *Other Income: Investment | | Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | If so, explain: | |
| TOTAL | \$ | | |
| *Alimony, child support or separate maintenance payments need not Be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding. | | Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A | |
| | | Income taxes settled through (Date) | |
| | | | |

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

| Description of Property or Address | Title in Name Of | Date Acq. | Balance Receivable | Monthly Payment | Mortgage or Land Contract Payable | | |
|------------------------------------|------------------|-----------|--------------------|-----------------|-----------------------------------|-----------|--------|
| | | | | | Bal. Owing | Mo. Payt. | Holder |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |

Schedule E: Life Insurance Carried

| Name of Company | Face Amount | Cash Surrender Value | Loans | Beneficiary |
|-----------------|-------------|----------------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature: _____

Date Signed: _____

Social Security Number: _____

Date of Birth: _____

Spouse's or Co-Applicant's Signature: _____

Date Signed: _____

Social Security Number: _____

Date of Birth: _____