

HORICON BANK

Personal Financial Statement

CHECK ONE OF THE FOLLOWING BOXES. YOU MAY APPLY FOR SEPARATE OR JOINT CREDIT:

SEPARATE CREDIT- Complete the information about yourself. Complete the information about your spouse ONLY if you are a Wisconsin resident. Sign below.

JOINT CREDIT WITH SPOUSE- We intend to apply for Joint Credit. Complete the entire form and sign below. (All Applicants Sign Below)

JOINT CREDIT WITH _____ who is not your spouse. Each of you must complete a separate Financial Statement as if applying for separate credit and submit them together, including information about your spouse if you are a Wisconsin resident.

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under Wisconsin Statute 766.59, or court decree under Wisconsin Statute 766.70, adversely affects the interest of creditor unless the creditor, prior to the time credit is granted or an open end plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

FOR MARRIED APPLICANTS RESIDING IN WISCONSIN, The credit being applied for, if granted, will be incurred in the interest of my marriage or family.

Signature:		Date:	xx/xx/xxxx
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APPLICANT	SPOUSE (write "same" when duplicate of Applicant)
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IF YOU ARE A WISCONSIN RESIDENT, PLEASE INDICATE MARITAL			IF YOU ARE A MARRIED WISCONSIN RESIDENT, PLEASE INDICATE SPOUSE NAME		
Married	Unmarried	Legally separated	Co-Applicant	Non-Applicant	

PLEASE PRINT YOUR FULL NAME	Date Of Birth: xx/xx/xxxx	PLEASE PRINT YOUR FULL NAME	Date Of Birth: xx/xx/xxxx
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HOME/CELL PHONE NUMBER	SOCIAL SECURITY #	DEPENDENTS	HOME/CELL PHONE NUMBER	SOCIAL SECURITY #	DEPENDENTS
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CURRENT ADDRESS, CITY, STATE ZIP	CURRENT ADDRESS, CITY, STATE ZIP
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NO. OF YEARS THERE	PRIMARY E-MAIL	NO. OF YEARS THERE	PRIMARY E-MAIL
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Drivers License	State ID	Number:	Drivers License	State ID	Number:
Changed name on Drivers License or State ID Card in past 5 years		Expiration Date:	Changed name on Drivers License or State ID Card in past 5 years		Expiration Date:
State:			State:		
No Yes and give prior name			No Yes and give prior name		

CURRENT EMPLOYER	How Long?	Business Phone Number:	CURRENT EMPLOYER	How Long?	Business Phone Number:
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EMPLOYER'S ADDRESS / CITY / STATE / ZIP	Position:	EMPLOYER'S ADDRESS / CITY / STATE / ZIP	Position:
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INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW:

If married applicants are applying for joint credit, include all assets and all liabilities of both spouses. Both spouses must sign this statement. If a married applicant is applying for separate credit or for joint credit with someone other than his/her spouse, include all marital property and all individual property of the applicant spouse, but DO NOT include individual property of the other spouse. A married applicant must in every case identify the liabilities of both spouses.

For purposes of this statement:

Marital property means assets acquired with my or my spouse's income on or after 1-1-86; and

Individual property means property owned (whether in joint or sole name) by me prior to marriage, prior to establishing residence in WI or prior to 1-1-86, however acquired, and property acquired by me by gift or inheritance at any time.

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit

Type	Name of Financial Institution	Balance	Maturity	In The Name Of:	Are These Pledged?

Schedule B - U.S. Government, Listed & Unlisted Securities (List on separate sheet if necessary)

No. of Shares or Face Value of Bonds	Description	Owner	Market Value	Are These Pledged?

Schedule C - Real Estate Owned and Interests in Real Estate Investments

Date Acquired	Address and Type of Property	Cost	Market Value	Title in Name Of:	% of Ownership

Schedule C - Continued

Mortgage Maturity	Mortgage Holder	Mortgage Amount	Monthly Rent Income	Mortgage Payment (Incl. tax & insurance accruals)	Maintenance Expense	Net Rental Income

Schedule D - Equity Interests in Other Entities

Type	Name of Entity	Orig. Cash Outlay	% of Ownership	Amount of Contingent Liability or Letter of Credit	Est. Market Value	Net Monthly Cash Flow

Schedule E - Life Insurance Carried including Group Insurance

Owner of Policy	Name of Insurance Company	Beneficiary	Face Amount	Cash Value	Policy Loans

Schedule F - Credit Information (excluding first mortgage loans)

Creditor	Credit In Name of	Original Date	High Credit	Current Balance	Collateral	Monthly Payment	Rate

INCOME AND FINANCIAL OBLIGATION INFORMATION

Itemize Other Income - Alimony, Child Support or Separate Maintenance income and income from medical insurance, disability or wage continuation insurance need not be disclosed if applicant does not wish them to be used in decision to extend credit.

Applicant		Spouse		Applicant		Spouse	
Salary & Bonuses	_____						
Commission	_____						
Income	_____						
Dividends	_____						
Net Real Estate	_____						
Income	_____						
				TOTAL INCOME	_____		

GUARANTEES & OTHER CONTINGENT LIABILITIES

PERSONAL INFORMATION

Have you or your spouse guaranteed any business or personal indebtedness or have any other contingent liabilities?			DO YOU HAVE A WILL?	EXECUTORS' NAME	INCOME TAX SETTLE THROUGH (DATE)
No			YES	NO	
Yes, Please Describe Bleow:			ARE YOU A DEFENDANT IN ANY LEGAL ACTIONS OR SUITS? IF SO, DESCRIBE		
Type	Creditor	Amount	ARE YOU A PARTNER OR OFFICER IN ANY OTHER VENTURE? IF SO, DESCRIBE		
Guarantee	_____	_____			
Guarantee	_____	_____			
Leases	_____	_____	HAVE YOU EVER BEEN DECLARED BANKRUPT? IF SO, DESCRIBE		
Legal Claims	_____	_____			
Letters of Credit	_____	_____	ARE ANY ASSETS PLEDGED OR RESTRICTED OTHER THAN INDICATED ON THE FOLLOWING SCHEDULES? IF SO DESCRIBE		
Others	_____	_____			

For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition on _____. This statement is Lender's property

STATEMENT OF FINANCIAL CONDITION

<u>ASSETS</u>		<u>LIABILITIES OF APPLICANT AND SPOUSE</u>	
Schedule A	Cash equivalent Assets (Cash in Banks, Money Markets CD's)	Schedule F	Notes Payable to Banks - Unsecured
		Schedule F	Notes Payable to Banks - Secured
Schedule B	U.S. Govt. Marketable & Non-Marketable Securities	Schedule F	Amounts Payable to Others
Schedule C	Real Estate Owned and Interests in Real Estate Investments	Schedule F	Credit Cards & Other Revolving Debts
Schedule D	Equity Interest in Other Entities		Unpaid Income Tax
	Loans Receivable		Other Unpaid Taxes or Interest
	Autos & Other Personal Property	Schedule C	Real Estate Mortgages Payable
Schedule E	Life Insurance - Cash Value	Schedule E	Life Insurance Policy Loans
	Retirement Assets		Other Debts - Itemize
	Other Assets		
	TOTAL ASSETS		TOTAL LIABILITIES
			NET WORTH (Total Assets less Liabilities)
			TOTAL LIABILITIES & NET WORTH

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, other defaults on your account may be reflected in your credit report. I certify that this financial statement is true and complete as of the date indicated below. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement. Lender may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct Lender at the address above that such information if unrelated to my transactions or experiences with Lender, may not be shared by Lender with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law. It may be a federal crime to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code.

Signature, Individual	Date	Signature, Spouse	Date
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