

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

Type	Name of Financial Institution	Amount	In Name Of:	PLEGGED	
				YES	NO

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	PLEGGED	
				YES	NO

*Indicates if Securities are Restricted By Contract or SEC Regulations.

Schedule C – Life Insurance Carried, Include Group

Face Amount	Name of Company	Owner	Beneficiary	CASH SURRENDER	
				Value	Loans

Schedule D – Real Estate Owned

Address & Type of Property	Date Acquired	Owner	Cost	Mkt. Value	MORTGAGE		Insurance
					Amount Monthly	\$ Maturity	

Schedule E – Names of Banks or Other Lenders Where Credit Has Been Obtained

Name & Address of Lender	Borrower	Date Made	Monthly Payment	Due	High Credit	Current Balance	Sec. or
							Unsec.

Schedule F – Notes and Loans Receivable

Unpaid Amount	Name of Maker	Date Made	Security Pledged

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I certify that this financial statement is true and complete. 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, to the extent not prohibited by applicable law. 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 is unrelated to my transactions or experiences with Lender, and 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 crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

(Date Signed)

X _____
Applicant Signature

X _____
Joint Applicant Spouse Signature (joint credit only)

For married Wisconsin resident. I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

X _____
Applicant Signature

